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ABSTRACT

This document consists of the first three issues (1997 output) or the serial "Early Development." The publisher of this journal, the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill, has more than 60 state and federally funded projects, most of which focus on early childhood development of children ages birth through 8. The center's researchers study such things as young children's health, services and practices for children with disabilities, family development and support, recommended practices in child care, early intervention, and policy implications. This publication presents updates on current studies, excerpts from research and policy briefs, and articles about the center's research findings. Each issue also includes a special section on the National Center for Early Development & Learning (NCEDL), a 5-year project examining critical issues in early childhood practices and administratively housed at the Frank Porter Graham center. The spring 1997 issue offers introductory articles on the Frank Porter Graham Child Development Center and NCEDL. The summer 1997 issue focuses on inclusion of children with disabilities in early childhood settings. The autumn 1997 issue looks at child care policy at the national, state, and local levels, and examines the role of policy briefs produced by NCEDL and how policymakers and administrators function as NCEDL advisors. (EV)

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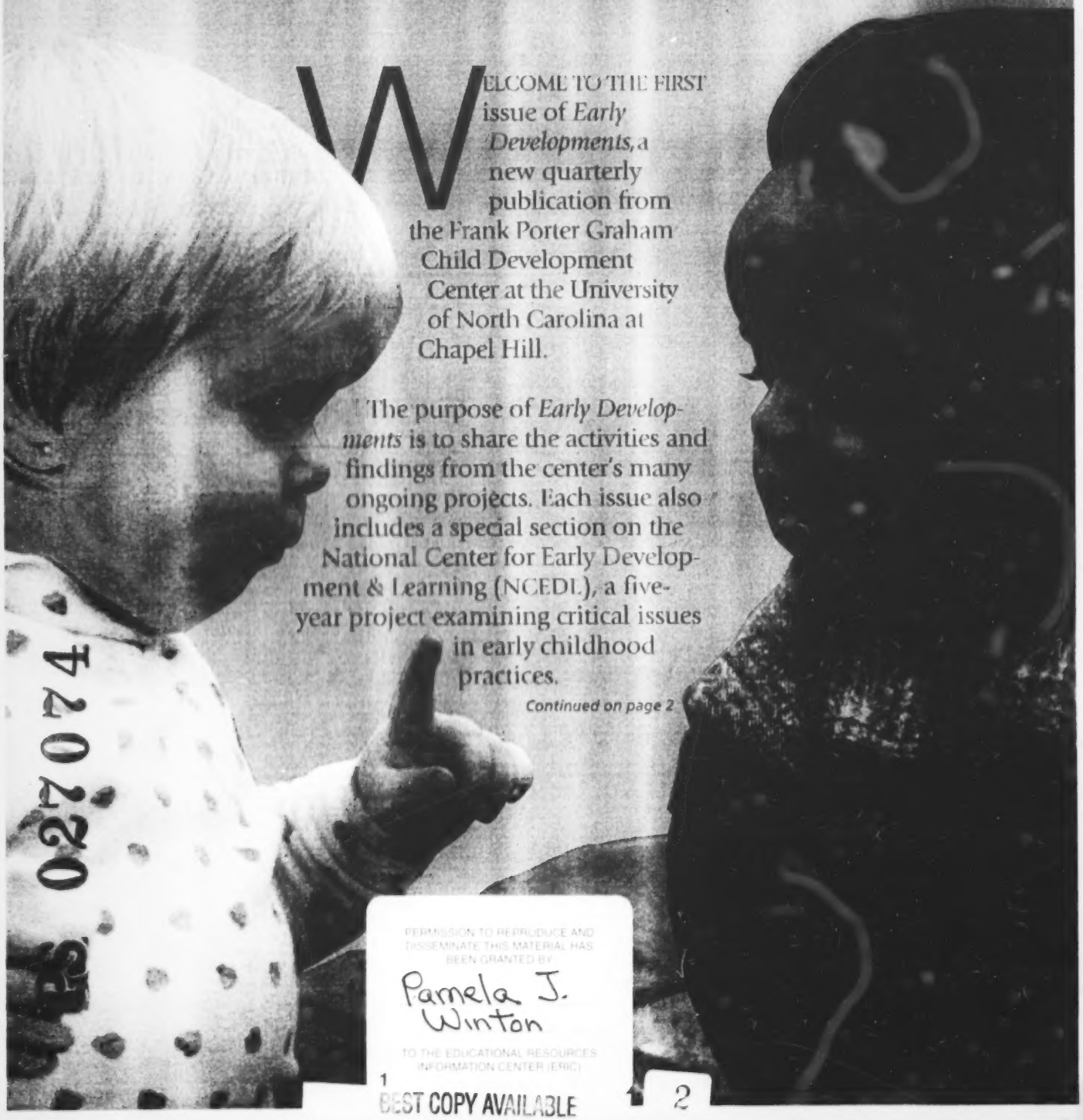
Developments

Spring 1997 Volume 1, No. 1



WELCOME TO THE FIRST issue of *Early Developments*, a new quarterly publication from the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill.

The purpose of *Early Developments* is to share the activities and findings from the center's many ongoing projects. Each issue also includes a special section on the National Center for Early Development & Learning (NCEDL), a five-year project examining critical issues in early childhood practices.

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Developments

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WELCOME

continued from front page

The Frank Porter Graham Center has more than 60 state and federally funded projects, most of which focus on early childhood development, ages birth to eight. Our researchers study such things as young children's health, services and practices for children with disabilities, family development and support, recommended practices in child care, early intervention, and policy implications. *Early Developments* contains updates on current studies, excerpts from our research and policy briefs, and articles about our research findings.

Primary recipients of *Early Developments* include researchers, policymakers, teachers, leaders in the field, and colleagues at sister institutions. We are committed to sharing our research findings with a broad audience, including families, early childhood educators, and care providers. Your ideas and suggestions about *Early Developments* are welcome. If you are not on our mailing list fill out the form below.

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Celebrating 30 years

of research, development, and public service

THE FRANK PORTER GRAHAM Child Development Center was established in 1966 as a multidisciplinary center at the University of North Carolina at Chapel Hill dedicated to improving the lives of young children and their families through research, teaching, and service. Today, nearly 40 investigators and 250 staff and students work on more than 60 funded projects.

Traditionally, the work of center investigators has focused on children under the age of eight years, and includes child and family research, health research, policy analysis, curriculum development, personnel development, and technical assistance. Last year, the Center was selected by the U.S. Department of Education to serve as the department's National Center for Early Development and Learning.

FPG is also home to the National Early Childhood Technical Assistance System (NEC*TAS), a clearinghouse and technical support consortium to help states and communities develop services for young children with special needs.

FPG directs one of four national projects examining quality in Head Start programs, now attended by nearly three-quarters of a million children in the U.S. Also, FPG, along with the UNC Neuroscience Center, serves as one of the nation's Mental Retardation Centers and is home to three early childhood institutes.

Researchers at FPG are often called on to help state and local governments determine the impact of their policies on children and families and to make recommendations for improving policies and practice. For example, the center was chosen as the major evaluator of North Carolina's Smart Start Project. The center's Statewide Technical Assistance for Gifted Education (STAGE) project works with selected North Carolina school systems to help identify gifted students, to challenge those youngsters and to support the teachers who teach them. And FPG's Linkages Project is working to improve early intervention for Latino families and members of the Haliwa-Saponi Indian tribe in North Carolina. Partnerships for Inclusion (PFI) provides on-site consultation to improve quality in child care programs, training, seminars, a statewide lending library and product development.

For 30 years, FPG has operated a family and child care program that serves about 60 children ranging from six weeks to five years of age. Since 1984, the center has fully integrated children with disabilities into all aspects of the child care program. Small group sizes, optimum staff-to-child ratios, the integration of therapy and special services into the context of daily routines, a curriculum that promotes learning through play, and working in partnership with families all contribute to the quality environment. Over the years, the child care program has supported research projects related to children's health, development, and family involvement.

RESEARCH CONTINUES TO BE THE CORE of the Frank Porter Graham Child Development Center. Over the years, major research themes have included:

- Factors of early intervention that promote optimal outcomes for young children with disabilities, and those at risk for school failures
- Poverty and other risk factors affecting the development of young children
- Children's health issues, including lung function, the transmission of disease in daycare, and the relationships between nutrition and disease
- Family development and adaptation to a child with disabilities
- Child care quality and its effects on development

Financial support for FPG comes from a variety of public and private sources, including the state of North Carolina, the National Institutes of Health, and the U.S. Department of Education.

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From the director's office

The goals, then and now

Research at Frank Porter Graham

IN THE 1960S the United States was faced with a number of pressing social and economic challenges. The civil rights movement was in full swing, heralding an era of gradual but fundamental changes in the treatment of all of America's citizens. An alarming rate of intergenerational poverty existed, disproportionately affecting children from African American families. Women were entering the work force at earlier ages and at rates never seen before in the history of our country. And persons with disabilities, many of whom had been relegated to lifelong confinement in large residential institutions, were beginning to return to their families and their communities. These forces and research gave rise to:

- the belief that by providing high quality child care during the earliest years, school failure could be prevented and the cycle of poverty could be broken;
- concern that the return of mothers to the work force during the early childhood years could damage children's social development and social relations; and
- the belief that early intervention for children with disabilities could help them be successful in their families, schools, and communities.

It was in this context that the Frank Porter Graham Child Development Center was born in 1966. In the ensuing 30 years, center investigators have produced a library of articles, chapters, books, monographs, tests, and curriculum materials. Collectively these efforts have demonstrated the importance of the early childhood years, shown that quality of care is the essential ingredient in ensuring successful outcomes for children and families, demonstrated the meaning of quality, documented the importance of family support, shown the important roles played by state and national policies, and provided many practical aides to practitioners, administrators, and faculty in early childhood.

Have we now solved all of the major issues related to young children? Unfortunately the answer is no. We still see high rates of poverty, with nearly 25% of children under the age of six living below the poverty level. The majority of mothers of children under the age of six now work, including mothers of infants and toddlers, and there is a pressing need for high quality options for child care. Unfortunately, study after study has documented that typical child care in the U.S. today is poor to mediocre, especially group care for infants and toddlers. Recent welfare reform legislation means that many poor mothers of young children will need to enter the work force without the resources for adequate child care. Managed care and changes in Social Security and other support systems will likely result in a reduction in preventive and therapeutic health care services. With the shift from federal to state responsibility for control of resources and decisions, states will have to establish standards and policies that balance the needs of children with the financial constraints of programs and families. And despite a national goal that all children will enter school ready to learn, many children arrive at kindergarten unprepared for the social and academic expectations of school.

In this issue of *Early Developments*, we focus on FPG's latest initiative, the National Center for Early Development & Learning (NCEDL). Funded by the Office of Educational Research and Improvement of the U.S. Department of Education, NCEDL's mission is to provide national leadership for research in early childhood. Our research covers a diverse array of complex issues facing children, families, and schools today: enhancing the quality of child care, easing the transition from preschool to kindergarten, preventing problems in children at high-risk for health, behavioral or educational problems, identifying important policies for state and federal governments, and translating research into practice.

In each area, rather than conducting a single, isolated study, which may not tell us the whole truth, we are engaged in multiple, coordinated activities. Take, for example, the need to improve quality in child care. We knew in 1972 that if you provided high quality care for

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children at risk you could make a difference in their lives. Amazingly, here we are 25 years later still trying to make the same point. Many factors contribute to poor quality: lack of training, staff turnover, lack of administrative leadership, inadequate financial resources, weak state standards, uncoordinated systems of care, and the list continues. To improve quality we need to understand how all of these factors interact to prevent quality from happening. Thus the center will involve a critical mass of people who have a long history of seeing the big picture and who can work together to figure out what to do.

To function as a child development center, an organization must conduct both basic and applied research. It must draw on multiple disciplines to examine the various facets of a problem. It must examine policies and training practices. Its work must be longitudinal in nature, with the goal of understanding change over time and the forces that promote or impede change. Most importantly, a child development center must ground its work in the everyday worlds of children, families, and the adults who provide, administer, or set policies for programs that serve children and families.

We hope that *Early Developments* will be an effective means of sharing the research and development activities at the Frank Porter Graham Child Development Center. We also hope that it will serve as a forum for highlighting major issues facing children and families today. Most issues will be thematic, summarizing an array of activities around a particular theme. I will use "From the Director's Office" as a way to summarize issues about the theme and to provide editorial comments on both the research and the state of the field today. Comments and reactions from the readership are encouraged.

—Don Bailey

Bailey is Director of the Frank Porter Graham Child Development Center and holds academic appointments in both the School of Education and the School of Medicine at UNC-Chapel Hill.

Research spotlight

Recent findings at FPG

Quality of Center Child Care and Infant Cognitive and Language Development

Margaret R. Burchinal, Joanne E. Roberts, Laura A. Nabors, & Donna M. Bryant. (1996). *Child Development, 67*, 606–620.

This study rated the quality of center-based child care received by 79 African American 12-month-old infants, and tested the relationship between quality and infants' cognitive and language development. Previous studies have addressed this issue with older preschoolers, but research on very young children has been limited.

Highlights

The quality of infant care positively correlated with scores on standardized assessments of cognitive development, language development and communication skills.

Although a positive association was found between quality of child care and quality of the home environment, each independently related to infant cognitive development.

Quality of care in child care centers and at home was positively related. Analyses suggested that the process measure of child care independently related to an infant's cognitive development, and one structural measure, the infant-adult ratio, independently related to the infant's overall communication skill.

This study provides the first systematic evidence of the role of quality and its effects on children as young as 12 months of age. These findings, in conjunction with the growing child care literature, suggest that researchers and policy makers should focus on how quality of child care can be improved to enhance, not impair infant development. This concern is especially relevant because many of the infants in this study attending poor quality care were receiving subsidized care paid for by federal and state moneys, providing a very dubious investment of tax dollars.

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by researchers at the Frank Porter Graham Child Development Center

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D. Bailey. (1996). Chapter in M.J. Guralnick., (ed.). *The effectiveness of early intervention.* (pp. 227–248). Baltimore, MD: Paul H. Brookes Publishing Co.
Also in this book...
The Effectiveness of Early Intervention for Disadvantaged Children.
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Practical Strategies for Family-Centered Early Intervention.
P.J. McWilliam, P.J. Winton, & E.R. Crais. (1996). San Diego: Singular Publishing Group, Inc.

Therapy Services in Early Intervention: Current Status, Barriers, and Recommendations.
R.A. McWilliam, H.L. Young, & K. Harville. (1996). *Topics in Early Childhood Special Education, 16*(3), 348–374.

Supporting Early Childhood Inclusion: Lessons Learned Through a Statewide Technical Assistance Project.
P. Wesley, & V. Buysse. (1996). *Topics in Early Childhood Special Education, 16,* 476–499.

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Looking to the future

Researchers with the new National Center for Early Development & Learning (NCEDL), administratively housed at the Frank Porter Graham Child Development Center at UNC-CH, have hit the ground running as they begin five-year studies aimed at boosting U.S. children's intellectual and social development.

In 1996, the Frank Porter Graham Child Development Center was named the National Center for Early Development & Learning by the U.S. Department of Education's Office of Educational Research and Improvement (OERI). As one of several centers funded by OERI but the only one dedicated to young children, NCEDL is charged with advancing knowledge and improving practice in the education and care of young children and their families.

National Center for Early Development & Learning

NCEDL has divided its work into six strands: early child care quality, kindergarten transitions, ecological interventions, policy, statistical modeling of extant and project data, and translation of research to practice.

The center will sponsor an annual conference to synthesize early childhood issues of national concern, will hold at least one major survey each year, and will publish quarterly *Early Childhood Research and Policy Briefs*.

NCEDL's multidisciplinary approach means also building partnerships with constituents (parents, day care providers and administrators, teachers, the medical community and policymakers) through focus groups and advisory boards. Each strand is taking an individualized approach with the goal of involving diverse and inclusive groups in a variety of ways at each site. For example, Carollee Howes of UCLA, co-director of the Quality Strand, has established a consumer advisory board in California, and her co-director, Richard Clifford of UNC-CH, has organized a similar one in North Carolina.

NCEDL is also collaborating with other national institutes and research entities. Within weeks of establishing the center, NCEDL accepted an invitation to join the early childhood Laboratory Network Programs, facilitated by SERVE, one of ten regional educational laboratories funded by OERI. A workplan, based on a national needs identification process, has been created by representatives from the seven participating labs and NCEDL. Planning for the national Policy Summit has involved SERVE representatives Nancy Livesay, Peter Mangione, Brian Curry and Roy Forbes.

Highlights

NCEDL researchers include senior faculty members at UNC-CH, the University of Virginia, the University of Arkansas at Little Rock and the University of California at Los Angeles. Here's a snapshot of major events to date:

- Data from a nationwide kindergarten transitions survey was collected from 10,000 kindergarten teachers last fall and is now being analyzed by strand directors Bob Pianta, University of Virginia, and Martha Cox, UNC-CH.
- A national Policy Summit to examine current research about quality child care and the implications of welfare reform for quality child care will be held this year, according to Policy Strand director James Gallagher, UNC-CH. Expected products include recommendations for state legislatures and administrators.
- A conference to synthesize current knowledge and practice with infants and toddlers, principally those in out-of-home care, will be held in the fall of this year, according to Thelma Harms, UNC-CH, who is working in the Quality Strand and the Ecological Interventions Strand.
- The Research to Practice Strand has drawn up a national data base for broad-based dissemination purposes, and *Early Developments* is the first issue of a new quarterly publication, according to strand director Pamela Winton, UNC-CH. NCEDL's home page on the Internet is under construction and can be found at <http://www.fpg.unc.edu/ncedl> later this month.

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NCEDL project spotlight

Measuring quality in child care

THE WAY WE MEASURE QUALITY IN CHILD CARE accounts for only a portion of the variability seen in childcare programs. So this five-year grant is an opportunity to take a fresh look at quality, identify the salient features that we haven't been measuring before, identify programs that need to improve their quality, intervene in these programs, and then see how it affects the children."

In a nutshell, that's how Richard Clifford, an education professor at the University of North Carolina at Chapel Hill, describes his work as co-director of one of the six research strands of the National Center for Early Development & Learning. The strand is Quality Studies, and he and his co-director, Carollee Howes, a professor at the University of California at Los Angeles, have divided their work into the three following components.

Cost, quality and child outcomes

This project represents the second-grade follow-up of several hundred children participating in the Cost, Quality, and Outcomes of Child Care Study. Its purpose is to assess the long-term effects of varying day care quality in children's later performance in school. Collaborators on this study include Ellen Peisner-Feinberg of UNC-CH, Sharon Ritchie of UCLA, Lynn Kagan of Yale University and Mary Culkin of the University of Colorado's Health Science Center.

Quality practices and interventions

Developing measures of best practices means looking at quality of care in terms of structure (teacher training, child/staff ratios, classroom size) and process considerations (what happens on a day-to-day basis with children, how time is used, "tone" in the environment). Assisting in this study are Jana Fleming and Thelma Harms, both at UNC-CH.

Quality for infants with disabilities

A study of quality of services for infants and toddlers with disabilities is underway by Don Bailey and Lynette Darkes, and Debby Cryer, all at UNC-CH.

The heart of each study is process quality. Clifford thinks this is where some things may have been missed in the past, particularly in children at risk for not doing well in school. For example, there is a movement in recent years toward private academies. Many are highly structured, and some appear to be effective at getting children ready for school. Some of these programs will be examined.

Research has given a pretty clear picture of the many aspects of structure. This new study will look for centers that are doing a very good job and, in some areas, are doing an exemplary job. For example, it's been believed that the best quality care includes an infant staying with the same caregiver over a long time. However, this practice has not been studied in depth. The study will also look at quality care in the more culturally diverse communities, especially in California.

Carollee Howes and Richard Clifford co-directors of the NCEDL Quality Strand

The search for best practices sites is underway now, and site visits are expected later this year. Twenty sites will be selected; ten in North Carolina and ten in California. Intervention programs at selected sites should begin late this year or early in 1998.

Researchers are looking for common themes cutting across these "best programs." For example, there needs to be an underlying structure that helps a classroom operate, so that teachers and students don't have to start from scratch for every decision you make. What is the role of the teacher versus the child? Who makes what decisions? None of our current measures really get at that in the opinion of Clifford.

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Howes said. "We're looking for highly structured centers with a high level of love and care as well."

In addition, Clifford and Howes will conduct a national survey this fall to gain the perspectives of teachers on "best practices" and their opinions on barriers to high quality practices. Those results should be ready by the spring of 1998.

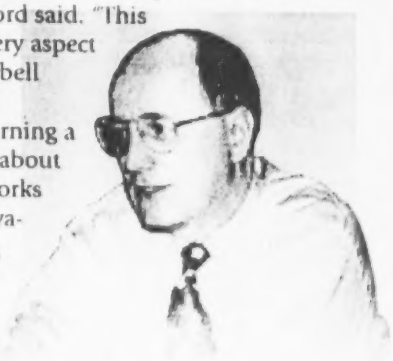
Like all of the work at NCEDL, the Quality Strand pulls together research and researchers from a broad base and is building partnerships with constituents (parents, day care providers and administrators, teachers, the medical community policymakers) through focus groups and advisory boards. For example, Clifford and Howes have consumer advisory committees of parents, teachers and administrators actively at work in North Carolina and California.

Consumer advice

The third component of the strand—quality of services for infants and toddlers with disabilities and their families—is under the guidance of Don Bailey and Lynette Darkes, both at UNC-CH. They have set up consumer advisory boards and focus groups, completed a written survey of 175 early intervention administrators in North Carolina, and held a series of focus groups with practitioners and parents in North Carolina. This data is being analyzed now. Also, a literature review is underway.

Clifford said the measurement instruments they expect to develop will be aimed at researchers and practitioners and will include training materials. The researchers said, "we have a good toolbox, but we need to verify some of them. There's also a possibility we'll be revising the *Early Childhood Environmental Rating Scale*. And, of course, we want to make sure our data can be replicated." (Clifford, Harms and Cryer are authors of three widely used rating scales, including the ECERS).

"Measurement instruments are important to us scientifically," Clifford said. "This is true in almost every aspect of science. The Hubbell Telescope is a good example. We are learning a whole set of things about how the universe works from this one innovation and measuring tool. History is full of examples where huge leaps follow a new or better way of measuring something. This is our time to try and make another leap forward in this area."



In addition to fresh grist for an upcoming synthesis conference and for NCEDL's *Early Childhood Research and Policy Briefs*, outcomes from the Quality Strand will be disseminated to parents, practitioners, policy makers and the public. Parents are sometimes not very discriminating in evaluating the quality aspects of a child care program. They tend to rate the one they've chosen very high. One FPG researcher, Debby Cryer, has found that when parents find something at a center hard to judge, they tend to give the center the benefit of the doubt and rate that aspect high even though they may not be sure.

Parental involvement

Clifford said he sympathizes with parents. "It's hard for parents to look for quality. I tell parents that when you go into a classroom to observe child care, don't watch what they're doing with your child, watch what they're doing with other children. Teachers, of course, behave differently when adults from the outside are visiting. I also remind parents that the younger a child is, the less clear is the feedback you'll get from the child, so parents must take more responsibility for quality for the youngest children."

Information from Quality Strand studies will be widely disseminated as soon as practical through this *Early Developments* publication, as well as the NCEDL home page, fact sheets, position papers and press releases.

> I tell parents that when you go into a classroom to observe child care, don't watch what they're doing with your child, watch what they're doing with other children.
>
> —Richard Clifford

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The co-directors

of NCEDL's Quality Strand have many things in common—both are at home in science and math, for example—but the most significant bond is a shared fascination with how people interact with one another.

CAROLEE HOWES

HOWES GREW UP ON A FAMILY FARM in the countryside outside of Philadelphia. She was in the fifth generation of a Quaker family. "We had dairy cows and grew everything we needed. Members of my family tell stories," she said laughing, "about me watching for hours and with great curiosity a mother cow and her calf or a mother cat and her kittens. I guess that's when my interest began."

Between getting a bachelor's degree and going to graduate school at Boston University, she spent a year in Guatemala as a volunteer with the American Friends Service Volunteer organization, a Quaker-related group with a mission similar to the Peace Corp. In the early 1970s, she did some of the first studies focused on center-based care. "We used naturalistic observations in the centers and in the homes," she said.

After joining UCLA in 1981, she began working in the policy area. "At the time, not a lot of attention was on quality care for infants and toddlers." In 1989, she did the National Child Care Staffing Study, the first large-scale center-based care study since the Abecedarian Project of the Frank Porter Graham Center began in the early 1970s. From 1983 to the present, she's been a core faculty member at UCLA for the National Institute of Mental Health's training grant in applied human development. She's been head of the Psychological Studies in Education Division of the graduate school since 1994.

Her research has also focused on the development of children's relationships with others. She completed a series of articles on children's construction of social relationships with peers, including the 1988 Society for Research in Child Development monograph, which is considered a classic in the area of peer relations of young children. She was one of the first researchers to consider both family and community child care influences on children's development.

Currently on a year-long sabbatical, Howes said she's recently received a Early Head Start grant and is hard at work on that as well as "trying to catch up on a backlog of articles I need to write."

RICHARD CLIFFORD

CLIFFORD SAID, "My father was a Baptist minister and my mother a high school science teacher. When I was a kid, I wanted to be a medical missionary. My father was always interested in mission work, and we had a close friend who was a missionary in Nigeria. My mother had majored in chemistry, and so sciences came naturally to me."

After majoring in physics at Wake Forest University, Clifford and his wife taught school in Wilmington

What do we know?

Selected findings about child care centers

- Child care centers in the United States rate mediocre to poor in terms of quality.
- Quality is particularly low in infant/toddler programs.
- Quality is higher where the following exist
  - Adult-to-child ratios are more favorable,
  - Staff members have more general education,
  - Administrators have experience before coming to a program,
  - Teachers have more specialized training in early childhood,
  - Teacher wages are higher.
- Child outcomes are related to quality of child care, including
  - Receptive language,
  - Pre-math skills,
  - Social skills,
  - Self-perception,
  - Attitudes toward the program.
- Quality is related to the cost of the services, but not as strongly as expected.
- Programs meeting higher standards and regulations tend to have higher quality.
- Market forces in child care appear to hold down costs but also to depress quality.

Source: Cost, Quality and Child Outcomes in Child Care Centers Study

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N.C., and then "I decided, for some weird reason, I wanted to be a school principal." He liked it and began working on a master's degree at night. Soon, he was asked to help run, and design the curriculum for a new model elementary school in Burlington, NC. "It was exciting, a great experience. Starting a school from scratch."

Still, his life course wasn't fixed until he met an associate dean of education at UNC-CH named Roy Harkin. "I hadn't particularly liked the course work in the master's program, but Roy was interested in the theory of how organizations worked, and I became interested in that. You know the old adage? The most practical thing is a good theory. For me that was true. How people function in organizations was much more useful to me than practical things such as how to use a piece of equipment or what you do when a parent gets mad at you."

"I was always interested in science, figuring out how things work and whether they work. That interest spilled over into my work in education as I sought to discover whether different education reforms actually make any difference to kids," he said.

Clifford enrolled in, and later graduated from, a Ph.D. school leadership program jointly sponsored by Duke University and UNC-CH. The family moved to Carrboro, just outside Chapel Hill, and it was only a matter of time until he and the Frank Porter Graham Child Development Center found each other. He has been the principal investigator in a number of studies of early childhood settings ranging from public school settings to typical child care. He was a key consultant to the National Association for the Education of Young Children (NAEYC) in the development of the association's highly acclaimed accreditation program and is current president of NAEYC.

Source notes

Here are ten of the major resources that were the foundation for research being done by NCEDL's Quality Strand.

- Bredekamp, S., & Copple, C., (Eds.). (1997). *Developmentally appropriate practice in early childhood programs* (rev. ed.). Washington, DC: National Association for the Education of Young Children.
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- Hayes, C., Palmer, J., & Zaslow, M. (1990). *Who cares for America's children? Child care policy for the 1990s*. Washington, DC: National Academy Press.
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- Kisker, E., Hofferth, S., Phillips, D., & Farquhar, E. (1991). *A profile of child care settings: Early education and care in 1990*. Princeton, NJ: Mathematica Policy Research, Inc.
- Love, J., Schochet, P., & Meckstroth, A. (1996). *Are they in any real danger? What research does—and doesn't—tell us about child care quality and children's well-being*. Princeton, NJ: Mathematica Policy Research, Inc.
- Vandell, D. L., & Corasaniti, M.A. (1990). Variations in early child care: Do they predict subsequent social, emotional, and cognitive differences? *Early Childhood Research Quarterly, 5*, 555-572.
- Whitebook, M., Howes, C., & Phillips, D. (1990). *Who cares? Child care teachers and the quality of care in America. Final report of the National Child Care Staffing Study*. Oakland, CA: Child Care Employee Project.

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Research & Policy Briefs

NCEDL News

Each quarter, NCEDL produces a Research and Policy Brief on topics of interest in the field.

This quarter's paper by John M. Love, Ph.D. at Mathematica Policy Research, Princeton, N.J. focuses on quality in early childhood programs.

IN SUMMARY, Love said an examination of three dozen major child care studies over the past 20 years clearly demonstrates strong, positive relationships between a variety of quality measures and various dimensions of children's development and well-being. In both center-based child care and family child care homes, research shows that higher levels of quality are associated with enhanced social skills, reduced behavior problems, increased cooperation, and improved language in children.

There appear to be no detrimental effects on infants' attachment relationships with their mothers so long as mothers provide adequate attention while their babies are at home.

Longitudinal studies have found some of these benefits—in both the social and cognitive domains—persist into the elementary-school years.

The dimensions of quality that are most strongly associated with enhanced child well-being include structural features of the child care setting and caregiver-child dynamics.

Although the dynamics of the caregiver-child relationship are the heart of quality, structural features of child care provide the foundation for higher-quality dynamics, justifying the increased costs that smaller ratios and group sizes entail.

A copy of Love's complete Research and Policy Brief may be by obtained by writing Publications Office, FPG Center-UNC-CH, Campus Box # 8185, Chapel Hill NC 27599-8185. Complete briefs also are on NCEDL's home page at <http://www.fpg.unc.edu/ncedl>. Love's brief is also based on the paper "Are they in any real danger?" available by writing Librarian, Mathematica Policy Research, Inc., P.O. Box 2393, Princeton, NJ 080543-2393 or emailing the following address: <jwatterworth@mathematica-mpr.com>.

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inclusion in child care centers

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Who we are

The Frank Porter Graham Child Development Center was established in 1966 as a multidisciplinary center at the University of North Carolina at Chapel Hill dedicated to improving the lives of young children and their families through research, teaching, and service. More than 30 investigators and 220 staff and students work on more than 70 funded projects.

Traditionally, the work of center investigators has focused on children from birth through eight years, and includes child development and family research, health research, policy analysis, curriculum development, personnel development, and technical assistance. The National Center for Early Development and Learning is housed at FPG. Financial support for FPG activities comes from a variety of public and private sources, including the state of North Carolina, the National Institutes of Health, and the U.S. Department of Education.

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From the director's office

Inclusion at the Frank Porter Graham Child Development Center

THIS EDITION OF *Early Developments* focuses on the inclusion of children with disabilities in early childhood settings. For nearly 15 years, the Frank Porter Graham Child Development Center has conducted a variety of projects addressing various aspects of inclusion. Currently the Center has four major efforts:

The FPG Family and Child Care program, under the direction of Debby Cryer, is a fully inclusive child care center. Approximately 25% of the infants and toddlers served by the center have some type of disability.

A multi-site **Early Childhood Research Institute on Inclusion,** under the direction of Sam Odom, examines ways in which preschoolers with disabilities can be successfully included in child care and preschool programs.

A multi-site **Early Childhood Follow-Through Research Institute,** under the direction of Mark Wolery, examines school practices with children with disabilities in kindergarten through third grade.

Partnerships for Inclusion, under the direction of Pat Wesley, provides a statewide network of technical assistance to help communities and child care programs establish policies and practices to promote successful inclusion.

Over the years we have conducted research on the efficacy of inclusion, the effects of inclusion on families, the perspectives that families and practitioners have about inclusion, social interactions between children with and without disabilities, how regular therapy and other special services can be provided in a regular preschool setting, and the policy issues underlying inclusion. Some of the publications that have resulted from this work appears on page 7 of this issue. We have tried to maintain a balance between advocating for inclusion as a desirable goal for all children with disabilities and studying inclusion to determine objectively how it works and when it doesn't work.

These barriers **should not prevent** us from striving to **make inclusion happen**

We recognize that inclusion is, in many respects, a value-driven goal. As such, different people hold different views about its appropriateness in various circumstances. Thus, while inclusion may be a desirable goal for all children, the issue is complicated by different opinions and by the fact that many programs have neither the resources nor the expertise to make inclusion work as it should.

These barriers should not prevent us from striving to make inclusion happen. But they point to the importance of continued research, model development, policy studies, and technical assistance efforts designed to help achieve what should be the ultimate goal: the inclusion of children with disabilities in settings that include children with and without disabilities are of high quality for all children, meet the specialized learning needs of children with disabilities, and fulfill parent expectations for the kind of programs and experiences they want for their children.

—*Don Bailey*

Bailey is Director of the Frank Porter Graham Child Development Center and holds academic appointments in both the School of Education and the School of Medicine at UNC-Chapel Hill.

Policy makes a difference

How one defines inclusion affects the policy decisions that are made about placements.

The Early Childhood Research Institute on Inclusion (ECRII), a joint effort of the FPG Center and UNC's School of Education, has found that communities, schools and early intervention programs have a variety of ways of defining inclusion for preschool children. A better understanding of definitions may lead to more informed placements of young children with disabilities, according to ECRII director Sam Odom.

"Our research is beginning to reveal organizational factors that may serve as barriers to and facilitators of inclusion," said Odom. Policies make a difference. "For example, in order for community-based programs to operate, some school systems had to develop policies that allowed them to use funds to pay for the tuition of children with disabilities in private child care centers and to allow staff to travel in the community rather than working within a school building."

Organizational structures are another factor. When Head Start operates within the public school organization, intra-agency organizational variables (for example, whether the early childhood programs for young children with disabilities are administered through a Special Education division or an Early Childhood division of the organization) appear to affect the implementation of inclusion.

Identifying goals

These factors come into play because different program types are associated with different goals and if these goals can be identified, this may lead to better informed decisions about placements for children. Put another way: Having a common understanding of the meaning(s) of inclusion allows discussion of programs that might be most useful for specific children.

Another component of Odom's institute examined the impact of changing roles on relationships among professionals in inclusive program for young children (see sidebar on page 5 for highlights of this study).

Policy implications

These findings have implications for personnel preparation. Odom said, "Previously, personnel preparation has been child-centered with little emphasis on consultation, group process and interpersonal skills. However, as programs that serve young children have become more inclusive, adult roles are changing radically. The ways in which adults work with, communicate to, and collaborate with other adults is assuming primary importance. Efforts to prepare personnel are critical so that participants develop the skills necessary to collaborate effectively in a variety of new roles."

(See POLICY, next page)

A better understanding of definitions may lead to more informed placements of young children with disabilities

Highlights of this study

The Impact of Changing Roles on Relationships between Professionals in Inclusive Programs for Young Children

- When early childhood teachers had little input into the development of the inclusive program, problems with roles and relationships were identified.
- Joint ownership sometimes proved difficult to achieve in a number of programs using an itinerant approach (i.e., early childhood special education teachers travel to consult with teachers in child care centers).
- Communication among program staff members was also a major determinant of how successful their relationships were and how successfully the program functioned.
- Ill-defined and poorly understood roles sometimes affected teachers' satisfaction with their role and served to undermine working relationships.
- The ability to release roles and share responsibilities was helpful in some circumstances.
- Familiarity with other adults in the program, which often had a positive impact on the relationships among the adults, did not occur when there was a lack of stability in the professional staff.
- In a new program, a lack of familiarity with roles and among the various adults in the program can impede the development of staff relationships.
- A sense of shared philosophy or joint ownership of children appears to produce more positive experiences for adults and children.

POLICY *continued from page 4*

And as head of a new degree program in Child Development and Family Studies at UNC's School of Education, Odom finds himself in the position of being able to make the changes he and others have urged. "Our program includes emphasis on both early childhood education and early intervention. Our graduates will be prepared to work in kindergarten, child care preschools and early interventions programs," he said. An emphasis is placed on preparing students to be leaders and the local and state levels. ED

In partnership with the community

BUILDING A RAMP FOR CHILDREN with disabilities is the least of the problems faced by many community child care programs trying to become inclusive.

Recognizing this, in 1991 several state agencies in North Carolina and the Frank Porter Graham Center created Partnerships for Inclusion (PFI) as a technical assistance vehicle to raise community awareness, help erase fears about inclusion, and provide strategies for child care and other community programs.

It started as a test project in 17 counties; today, it covers all 100 counties and is funded by a number of state agencies, including the division that licenses child care programs. The project has three offices across the state and a dozen staff members including three full-time inclusion specialists.

Over the years, PFI has developed many technical assistance services and models. For example, the community forum is a half-day event where diverse stakeholders in the community come together to learn what inclusion is. "For many communities, it is a springboard for planning future directions," said Pat Wesley, an FPG researcher and PFI director.

Inclusion of different cultures

In recent years, Wesley and her team have

(See PARTNERSHIP page 6)

continued from page 5

moved into an increasingly familiar direction for many: Developing products and technical assistance for people who speak Spanish. "Inclusion today means not just children with disabilities, but people from different cultures and countries," said Wesley.

She said North Carolina has made good strides toward inclusion. "But we've got a long way to go before we, as a state, can say we're offering quality child care to every child."

She sees several challenges: "In North Carolina, child care is expected to be available and affordable, and the truth is that we pay some child care providers less than we pay parking lot attendants. Typically, providers don't have degrees or adequate training in child development, much less special education. A system that does not recruit and maintain qualified providers is a system ill-prepared to serve children at all."

Lack of expertise

Fear of change is another challenge. "Some special education teachers and therapists have felt threatened by inclusion because they lack experience and expertise in typical classrooms. And we find similar concerns with administrators.

"Today, we're discovering that, with training and support, early interventionists and early childhood teachers have success with inclusion and like it. And they'll come to us and say, 'You need to explain all this to our bosses. They need to understand how it works'."

Another challenge is in academia. Wesley said, "We need to raise the scholarly status of technical assistance, so that researchers see TA as a vital link between their work and practitioners. It's not a one-way street. We need more constituent involvement and collaboration in our planning, research and dissemination."

PFI highlights

- Designed a preservice curriculum about inclusion for students taking early childhood courses in the community college system.
- In collaboration with state agencies, reviewed standards for child care and early intervention programs with an eye toward removing obstacles to inclusion.
- Developed training materials and award-winning videos for child care providers and other professionals serving children and families.
- Publishes a quarterly magazine for early childhood/early intervention professionals and families.
- Trains general early childhood and early intervention professionals to provide consultation services to improve the quality of child care.
- Conducts staff development activities with about 2,000 people each year who work across NC in child care, public schools, early intervention, Head Start, research and referral programs, public health, Smart Start, and other community agencies.
- Maintains an extensive statewide lending library of materials about inclusion.
- Offers training and on-site consultation on classroom strategies.
- Conducts study tours of effective inclusive programs.

PFI is building its own ramp to the future by expanding the definition of inclusion beyond the classroom to include community opportunities for children with disabilities. "Are there children with special needs in karate class offered by the community rec department? What about the 4-H camps? Scouting? Before and after school programs? If we listen to the people in communities, more and more of them see the need to make opportunities like these open to all children. At the state level, we see more flexible funding mechanisms in early intervention and increased subsidies for child care programs. These are important policy changes designed to support inclusion at the local level. My hope is that it won't be long before inclusion becomes a way of life in all communities. I guess then I'll be looking for a new job!"

(For more information about PFI, contact Pat Wesley at 919-962-7356 or <pat_wesley@unc.edu> or PFI, 521 S. Greensboro St. Suite 100, Carrboro, NC 27510.) ED

Selected inclusion publications

Promoting Positive Attitudes of Kindergarten-Age Children toward Individuals with Disabilities
P.C. Favazza, & S.L. Odom. (1997). *Exceptional Children, 63*, 405–422.

Supporting Early Childhood Inclusion: Lessons Learned through a Statewide Technical Assistance Project
P. Wesley, & V. Buysse. (1996). *Topics in Early Childhood Special Education, 16*(4), 476–499.

Rethinking Pull-out Services in Early Intervention: A Professional Resource
R.A. McWilliam. (Ed.) (1996). Baltimore, MD: Paul H. Brookes.

Assessing the Comfort Zone of Child Care Teachers in Serving Young Children with Disabilities
V. Buysse, P. Wesley, L. Keyes, & D.B. Bailey. (1996). *Journal of Early Intervention, 20*(3), 209–210.

The Relationship Between Child Characteristics and Placement in Specialized Versus Inclusive Preschool Programs
V. Buysse, D.B. Bailey, T.M. Smith, & R.J. Simeonsson. (1994). *Topics in Early Childhood Special Education, 14*(4) 419–435.

Providing On-Site Consultation to Promote Quality in Integrated Child Care Programs
P. Wesley. (1994). *Journal of Early Intervention, 18*(4), 391–402.

Communications among Preschoolers with and without Disabilities in Same-Age and Mixed-Age Classes
J.E. Roberts, M.R. Burchinal, & D.B. Bailey. (1994.) *American Journal of Mental Retardation, 99*, 231–249.

Behavioral and Developmental Outcomes in Young Children with Disabilities in Integrated and Segregated Settings: A Review of Comparative Studies
V. Buysse, & D.B. Bailey. (1993). *Journal of Special Education, 26*(4), 434–461.

Friendships of Preschoolers With Disabilities in Community-Based Settings
V. Buysse. (1993). *Journal of Early Intervention, 17*(4), 380–395.

Providing Family Support in Integrated Settings: Research and Recommendations
P.J. Winton. (1993). In C. Peck, S. Odom, & D. Bricher (Eds.), *Integrating Young Children with Disabilities into Community Programs: From Research to Implementation.* Baltimore, MD: Paul Brookes Publishing Co.

Dimensions of Mastery in Same-Age and Mixed-Age Integrated classrooms
P.M. Blasco, R.A. McWilliam, W.B. Ware, & M.R. Burchinal. (1993). *Early Childhood Research Quarterly, 8*, 193–206.

Mainstreaming Young Children: A Training Series for Child Care Providers
P. Wesley. (1992). Chapel Hill: University of North Carolina.

Promoting a Normalizing Approach to Families: Integrating Principles with Practices
P.J. Winton. (1990). *Topics in Early Childhood Special Education, 10*(1), 90–103.

Normalizing Early Intervention
D.B. Bailey, & R.A. McWilliam. (1990). *Topics in Early Childhood Special Education, 10*(2), 33–47.

Friendship and Acquaintance Among Families in a Mainstreamed Day Care Center
D.B. Bailey, & P.J. Winton. (1989). *Education and Training of the Mentally Retarded*, June, 107–113.

Stability and Change in Parents' Expectations about Mainstreaming
D.B. Bailey, & P.J. Winton. (1987). *Topics in Early Childhood Special Education, 7*(1), 73–88.

Consequences of Mainstreaming for Families of Young Handicapped Children
P.J. Winton. (1986). In C.J. Meisel. (Ed.), *Mainstreamed Handicapped Children: Outcomes, Controversies and New Directions.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Selecting a Preschool: A Guide for Parents of Handicapped Children
P.J. Winton, A. Turnbull, & J. Blacher. (1984). Baltimore, MD: University Park Press.

A Comparison of Specialized and Mainstreamed Preschools from the Perspectives of Parents of Handicapped Children
A. Turnbull, & P.J. Winton. (1983). *Journal of Pediatric Psychology, 8*(1), 57–71.

Mainstreaming in the Kindergarten Classroom: Perspectives of Parents of Handicapped and Nonhandicapped Children
A. Turnbull, P.J. Winton, J. Blacher, & N. Salkind. (1983). *Journal of the Division of Early Childhood Education*, 6, 14–20.

As the group of three-year-olds sings the verses of "Teddy Bear," they turn around, touch the ground, show a shoe, and jump in the air in a play room at the Frank Porter Graham Child Care Center at the University of North Carolina at Chapel Hill.

During the next series of games, the children maneuver plastic scooters up a low ramp. They bump and struggle and push themselves across the ramp. Occasionally one slips off or runs into the cushioned sides. But they are having a great time.

Roger* is slightly bigger and a bit more coordinated that the others. He is also more rambunctious. Ellen is often hesitant, but once she figures out the game, she is enthusiastic. Leland has a little trouble steering at the same time as going up the ramp. But after several runs, he gets the hang of it. If you look closely, you might notice that he occasionally gives the hand sign for "more" when he wants to repeat something.

Physical therapist Margie Muenzer and occupational therapist Lilie Bonjani pay no particular attention to any one child. They guide, encourage, praise, and help each child whenever needed.

Inc

* Children's real names were not used in this article

It seems to be a play period with directed activities. And it is also the delivery of therapy services for Leland who has Down syndrome.

Of the 65 children in the FPG child care center, 25 percent have disabilities. Therapy services are delivered in an inclusive setting. The children are normally grouped by age, and smaller groups, which always include one child with disabilities, receive therapy services together. The center has a physical therapist, an occupational therapist, and a speech and language therapist who work in the classroom and with parents.

On this particular day, some games help develop the children's gross motor skills, and others address their fine motor skills. For example, at one point the therapists give the children plastic tokens to pay a "toll" in order to pass through a tunnel made of cushions.

"Actually, it's quite fascinating to watch because when therapy is going on, you don't know it because all the kids are doing it. No child ever stands out as being an unusual child. It's hard to tell toward whom the therapy is directed," said Debby Cryer, director of the FPG Child Care Center.

The FPG Child Care Center began including children with disabilities 13 years ago, and Don Bailey, now FPG director, remembers that first summer. He had just been named director of early childhood research. "I immediately set about to identify children with disabilities to come into the center and to convince the staff that this was an achievable goal. Both turned out to be interesting challenges. From the parents' perspectives, they had been served by self-contained programs but they were also aware of, and interested in, inclusion. They had concerns about whether their child's needs would be met. They knew FPG had a good reputation, but also they knew that we had not served children with disabilities before. We recruited 8 children, from toddlers to age 5, to enter the center that fall. They had a range of disabilities including several with genetic disorders, several with cerebral palsy, one with spina bifida and one with Down syndrome."

Inclusion

While the child care staff thought inclusion was a fine idea, some had doubts about whether they had the expertise needed to care for children with special learning needs. Bailey hired a special education teacher to work with the staff and parents and to help develop individual plans for the children. Then he held training sessions for the staff. "The training was focused more on working with families than on individuals. I told them that they already had most of the skills needed. I said they should view children with disabilities as children first. And they needed to recognize that the parents had been through many challenges in getting services for their kids. I showed them video tapes about families and their concerns. I tried to convey an attitude that they were capable of doing it and that help would be there when they needed it," said Bailey.

The center hired a part-time speech language pathologist and contracted some physical therapy work. Pam Winton, a UNC doctoral graduate in special education, was hired to help coordinate research efforts. One of the first things she did was a survey of parents of typically developing children and of children with disabilities at the beginning and end of the school year.

Bailey said, "We found that both groups of parents held a lot of expectations. But also some were worried about teachers spending too much time with children with disabilities while others worried that their child might not get the specialized help he or she would need." Another study looked at family relationships. Would the families of typically developing children and families of children with disabilities get to know each other, and would they become friends?

"In general, we started out with families having positive attitudes and at the end of the nine months we ended up with even more positive attitudes. We also saw that parents of children with disabilities had a moderate level of concern about specialized help for their children. This reflects the ongoing dilemma of all families, especially those with children with disabilities of wanting their child to be in as typical a setting as possible, but also to receive all the specialized services they need. This is a constant tension."

(See INCLUSION page 11)

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Kids say the darndest things

In 1984, during the first six weeks of the new inclusion program at FPG's Child Care Center, teachers were asked to write down every comment made by typically developing children about children with disabilities.

The teachers reported no negative comments in all that period of time. FPG Director Don Bailey said, "The children were curious about who these children were and why they were the way they were. We recorded comments such as, 'Why is she four and still wearing diapers?' or "Why can't he talk or walk?' There were also some interesting comments. I remember when one of the children was going for a doctor's appointment, and one of the other children said, 'Will she be able to walk after she gets back from the doctor's?'"

The teachers found that children who had more obvious disabilities received more comments than those who didn't. So a child with braces or a four-year-old who wasn't toilet trained was the subject of a number of comments, whereas a child with genetic disorders and mild delays was commented on less frequently.

Bailey said, "We had been worried that children with disabilities would be rejected by the other children. That didn't occur. That's more likely to happen with older children. With younger children, all the comments were curiosity comments. They clearly noticed differences, but these differences were presented a context in which teachers could talk about it."

As an extension of these findings, a current study by FPG researchers Virginia Buysse and Barbara Goldman is examining how typically developing children view their peers with disabilities using dolls depicting various types of disabilities.

continued from page 9

One of the questions Bailey and the staff struggled with that first year was how to prepare the children for inclusion. "One model would be to show movies, have discussions, or use puppets. But we decided not to do that. We decided to bring children with disabilities aboard like every other child; we didn't want to highlight their disabilities. When children raised the inevitable questions, we wanted the teachers to be prepared to handle them. But we let the children bring it up."

As for how to provide services, traditional specialists were needed, but the way the services were provided is still the subject of debate in the field. Bailey said, "The traditional model is pull out therapy, and it often works quite well. But sometimes, the skills don't transfer back into the regular classroom. The children may do great in the therapy sessions, but if the teachers don't know the goals and the therapy activities, then the services are not as effective. So, we've really try to work on integrating specialized services into the regular routines. This has been interesting because some therapists and some specialists feel that this approach compromises their effectiveness. We don't think that's the case. Robin McWilliam, one of our researchers, has written a book on integrating early childhood services and that provides a good model for us."

Early research at FPG showed inclusion could work. In a 1993 report synthesizing existing research, Bailey and Virginia Buysse, an FPG researcher, found support for the benefits of preschool integration with respect to social and other behavioral outcomes.

Since then, researchers have been studying how best to make it work. FPG research expanded into many aspects of intervention and led to articles, books and assessment scales. These studies also led to new models and implications for early intervention personnel preparation and for family-professional relationships. Winton published reports on effective communication between parents and professionals in early intervention and reports on providing family support in integrated settings. Bailey and R.A. McWilliam published articles on normalizing early intervention programs and on the effects of classroom social structure and disability on engagement. McWilliam has examined the status and barriers to early intervention and made recommendations for changes in therapy services in early intervention.

Today, McWilliam continues his studies by examining how different teaching styles affect engagement in typically developing children and children with disabilities. For example, early results indicate that children with disabilities have a higher level of engagement if the teacher uses some level of directiveness, although it varies by age. "However, responsiveness in a teacher is important at all ages," he said. McWilliam is now delving into more precise definitions of "directive" and "responsive" teaching.

Sam Odom, who directs his own Early Childhood Research Institute on Inclusion at FPG, is doing naturalistic observations at the child care center to further his studies on the ecology of a classroom and peer/social interaction and these effects on intervention and children with disabilities and their families. (See related article on page 4.) Buysse and researcher Barbara Goldman are conducting a similar study involving community-based programs.

Inclusion brings many benefits as Family and Child Care Center Director Cryer observed on the day the group of three-year-olds were pushing their tricycles around the play room. "Children, even typical children, develop at different rates, so these kinds of exercises help not only the child with disabilities; they also help all the children. It is a true integrated approach, and in reality, everybody benefits from it." ED

The right tools for the job

While research on issues of quality of early child care and experiences has focused primarily on typically developing children, investigators with the National Center for Early Development and Learning (NCEDL) are working on a way to assess quality practices for infants and toddlers with disabilities and their families.

NCEDL investigator Lynette Aytch Darkes and her team are designing a tool to evaluate the quality of services provided to infants and toddlers with special needs and their families. Their work is part of the "Quality Practices for Infants and Toddlers with Disabilities and Their Families" project, which is one of three separate studies that comprise the Early Child Care Quality strand of NCEDL.

Currently, no instrument is broadly used and accepted across a variety of geographic areas and programs to comprehensively evaluate early intervention services. A number of states, however, have developed evaluation strategies and others are in the process of designing such procedures.

Organizing framework

The organizing framework of the tool is subscales that encompass seven dimensions of early intervention services:

- Assessment
- Comprehensive Planning/IFSP Development
- Service Provision
- Transition Practices
- Personnel Competency
- Supervision/mentoring
- Program evaluation

"Our goal is to develop an instrument that is sufficiently comprehensive and flexible that it can fit the unique needs and program characteristics of different states. Challenges related to this are to identify practices which constitute high quality early intervention services, and then develop a practical system for evaluating those practices," said Darkes. "The primary challenge is how to develop something useful in a system so complex."

National Center for Early Development & Learning

At the moment, the format of the scale is modeled on the *Early Childhood Environmental Rating Scale* (ECERS) because the goal is to develop an instrument that can be used by local and state program administrators and service providers to see what they are doing and how they might improve the quality of services. In addition to program improvement and planning purposes, the instrument is also being developed for use as a research tool.

> You can't comprehensively assess quality of services without assessing families' perceptions

In considering what components to include in an instrument, Darkes and other team members examined what professionals and parents say about quality, studied other instruments, and drew on existing literature such as recommended practices by the Council for Exceptional Children's Division of Early Childhood.

Quality of relationships

The research team believes a critical element in the assessment of high quality services is the quality of the parent/professional relationship and the relationship between the child and service provider. "It is often not too difficult to evaluate the procedural aspects of a program or service, but evaluating the quality of relationships is a more challenging task," said Darkes.

To help organize their approach to such challenges, the research team organized a survey and held focus group meetings with program administrators, service providers

and families in North Carolina in the fall of 1996 and spring of 1997. Here's an example of one of the survey questions, and the answers received, ranked in order of frequency:

What are the most important features of high quality early intervention services?

Parents identified:

- Timeliness, availability, and accessibility of services
- Personal qualities of services provider (such as warmth, genuineness)
- Good parent/professional communication
- Extensive knowledge and experience of service provider about child's disability

Practitioners identified:

- Availability of parent support services
- Effective service coordination
- Appreciation for the cultural context and sensitivity to the values, beliefs, and priorities of families
- Availability and accessibility of services.

Information from the survey and focus groups suggested that the quality of relationships was an important indicator in early intervention services.

While the instrument is being developed to be used by service providers, administrators, and other program personnel, the research team expects to develop a parallel tool for parents. "It is likely that a parent's perception of service quality is distinctly different from that of the service provider. You can't comprehensively assess quality of services without assessing families' perceptions," said Darkes.

Researchers hope to have a draft of the instrument ready for review and critique by services providers, administrators, parents, and a team of technical experts and advisors by the fall of 1997. After extensive review and revision based on the feedback, the tool will be field tested in a representative sample of early intervention programs across the nation.

Variations in quality

"Ultimately, we would like to use the instrument in research to first determine variations in quality of programs provided by early intervention programs, and then to study the relationship between variations in quality of services and outcomes for young children and families. While it may seem that all the indicators in the instrument are important to positive outcomes, some may in fact be more or less important than others. We need to identify those critical indicators and how they relate to the long-term success for children with disabilities and their families," said Darkes.

In addition to the instrument itself, additional products from the study may include fact sheets, quality guidelines, resource materials, and implications for policy and practice.

The principal investigator on the study is Don Bailey, who is also director of NCEDL and FPG. In addition to Darkes, Debby Cryer is an investigator. Mark Wolery is a research partner and Laurie Selz is a graduate research assistant.

The Mission of NCEDL

The National Center for Early Development and Learning (NCEDL) is administratively housed at the Frank Porter Graham Child Development Center at UNC-CH. NCEDL has divided its five-year mission into six strands:

- early child care quality
- kindergarten transitions
- ecological interventions
- policy
- statistical modeling of extant and project data
- translation of research to practice

NCEDL researchers include senior faculty members at UNC-CH, the University of Virginia, the University of Arkansas at Little Rock and the University of California at Los Angeles. The director is Don Bailey, who is also director of the Frank Porter Graham Child Development Center.

NCEDL is funded by the US Department of Education's Office of Education Research and Improvement through the National Institute for Early Childhood Development and Education.

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Advising the researchers

Investigators with the National Center for Early Development & Learning (NCEDL) who are creating a tool to assess quality practices for infants and toddlers with disabilities are investing time in collaborating with and listening to parents, practitioners, administrators, technical experts, experts in the field, providers and others.

This investment is a fundamental practice of NCEDL and involves constituents in the planning, implementation, evaluation and dissemination of all six of its research strands.

For example, members of the "Quality Practices for Infants and Toddlers with Disabilities and Their Families" project have held meetings with their advisory board, their team of technical experts, focus groups and others during the study's first 10 months. Researchers also met with coordinators of infant disability programs in Washington, DC.

The study's advisory board has 12 members, including parents, practitioners, administrators, and other researchers. The board has meet three times and Investigator Lynette Darkes is pleased with the group's ideas and feedback. "At first, it seemed to be a bit of a challenge because our study is rather technical—focusing on the development of an evaluation instrument. But it's important that we find a way for all advisory board members to have active and meaningful roles. It's certainly beneficial to the study and it's important to hear different perspectives. Parents, for example, give a wonderful perspective because they'll say, 'I've gone through this personally and I can tell you if that was an important indication of quality in my experience'."

Darkes and her team have also met with a group of technical experts. Asked how this group responded to the idea of a new assessment tool, Darkes laughed and said, "They confirmed the complexity of the endeavor."

The technical experts were of two basic opinions: One was that you can't really determine the quality outside the context of the family and the child. What really matters is the experience of the children and families in the system. The other opinion was that sometimes parents are not the most accurate source of determining quality. "For example," said Darkes, "if parents get along well with the service provider sometimes they'll say that it's a good quality program. However, an independent observer may rate it as a moderate or low-quality program." Investigators ended up taking the best of both camps of advice and using both perspectives.

The advisory board has seen an initial draft of several subscales of the instrument. "The feedback was positive overall as well as providing substantive critique which will guide our continued work," Darkes said.

Researchers are planning to meet with additional focus groups and in the future perhaps expand its advisory board, to work with investigators over the five-year life of the study.

Constituent advisory boards are used by all strand[illegible] the National Center for Early Development & Learning for a variety of purposes. For example, one board recently reviewed board meetings themselves and made a number of suggestions. Their ideas included:

- Consider having some meetings in the community, rather than all at the research center.
- Consider inviting constituent "pairs;" that is, two people who know each other and can support each other's participation through sharing rides, information, etc.
- Keep meetings short, focused (stick to agenda), and well-facilitated.
- Make sure all voices are heard.
- Be sensitive to "keeping the playing field level" to build a sense of trust and collaboration.
- Avoid jargon—use proactive strategies to minimize it.
- After meetings, provide follow-up on how suggestions and recommendations have been incorporated or made a difference.

Recent publications

by researchers at the Frank Porter Graham Child Development Center

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W. Tietze, D. Cryer, J. Bairrao, J. Palacios, & G. Wetzel. (1996). *Early Childhood Research Quarterly,* 11, 447–475.

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Research spotlight

Recent findings at FPG

Assessing the Comfort Zone of Child Care Teachers in Serving Young Children with Disabilities.

Virginia Buysse, Patricia Wesley, Lynette Keyes, & Don Bailey.
Journal of Early Intervention, 20(3), 189–203.

ALTHOUGH WE HAVE LEARNED much about inclusion during the past 30 years, few studies have examined the perspectives of child care teachers who serve children with disabilities in their classrooms. This study examined the attitudes of 52 general early childhood teachers serving young children with disabilities in inclusive early childhood settings.

The study's authors noted that early interventionists who are consultants in general early childhood programs could use comfort zone ratings to identify collaborative classroom goals with teachers, such as using appropriate positioning techniques or modifying the classroom environment to accommodate wheelchairs and walkers. Teachers' comments and concerns about inclusion and their decreased comfort in serving young children with severe disabilities should not be viewed as discouraging findings. Earlier studies have reported that despite teachers' initial hesitancy about serving children with severe disabilities in general education classrooms, many later described transformations that occurred as a result of direct experiences and their willingness to be involved with these children in a meaningful way.

Highlights

- In contrast to previous research with parents, child care teachers expressed fewer overall concerns about the effects of inclusion for children with and without disabilities and their families.
- Teachers identified concerns about the lack of specialized training among early childhood personnel and fewer opportunities for children with disabilities to receive special services and individualized instruction in inclusive settings.
- Comfort levels were lowest when the child was reported to have severe to profound disabilities in the areas of leg functioning, muscle tone, and appropriate behavior.
- In general, teachers who expressed more concerns about potential drawbacks of inclusion were less comfortable serving individual children with special needs.

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How are legislative policies affecting our children?

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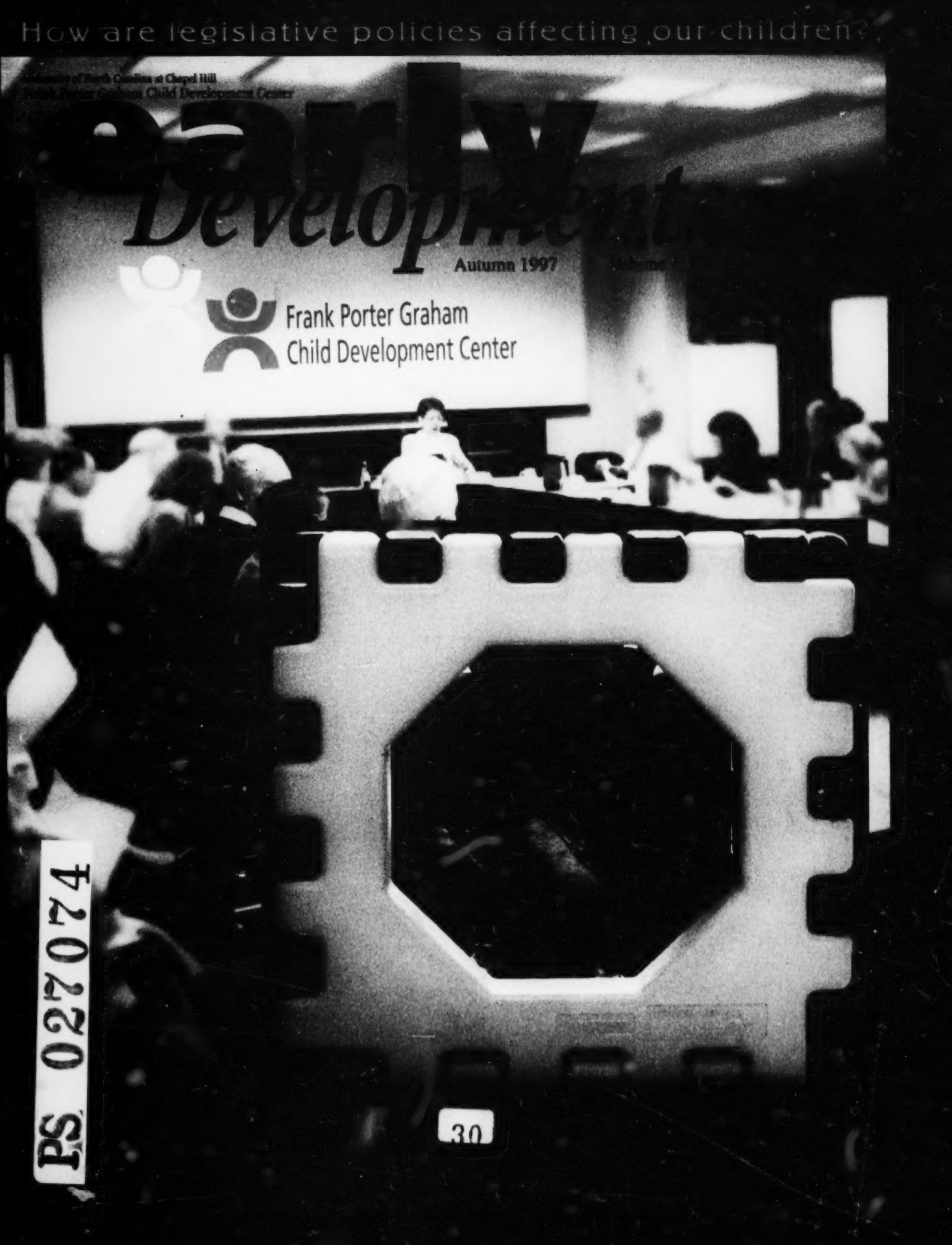

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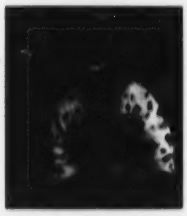
ECRI/SU—policy change at the national level, p.4



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NCEDL Policy briefs—synthesizing research, p.15

In this issue

of *Early Developments*, we look at child care policy from the national, the state, and the local levels. We also examine the role of *Early Childhood Research Policy Briefs*, produced by the National Center for Early Development & Learning (NCEDL), and how policymakers and administrators function as NCEDL advisors.

We hope you enjoy this issue and find our information useful.

Early Developments is available online at the Frank Porter Graham Child Development Center (FPG) web site <www.fpg.unc.edu>

Fall is a busy time at FPG with many of our researchers involved in state, regional, and national conferences. For example, NCEDL, which is based at FPG, and the SouthEastern Regional Vision for Education (SERVE) held a conference on "Early Childhood in the Carolinas: Research to Policy to Practice" in late September.

The conference was an intensive two-state dialogue between early childhood researchers and early childhood policy and program decision makers, focusing on critical issues concerning young children and their families and school readiness. Organizers are using the conference to set up a model to help state policy makers turn research into practice.

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The rules Public policy—private needs

Do the rules and regulations that allocate resources meet the needs of young children and their families?

This month's "From The Director's Office" is a guest column by Jim Gallagher and Robin Rooney, two investigators at the Frank Porter Graham Child Development Center. Jim, director of FPG from 1970 to 1987, is a nationally recognized policy researcher and head of the Policy Strand of the National Center for Early Development & Learning. Robin has specialized in policies pertaining to federal legislation and in personnel preparation in early intervention.

—Don Bailey
Director, FPG

POLICY SPEAKS THROUGH THE RULES AND REGULATIONS that allocate scarce resources to almost unlimited social needs. For the next few months the American public seems destined to hear much about young children and their development. This is probably because of a collective decision by the popular media, encouraged by key policy players, that early child development is a "hot" issue. How can we take advantage of this interest to create a permanent infrastructure for enduring policy that will outlast the predictably limited attention span of the media and the public?

Let's examine what key policy questions need to be considered as we review the rules and regulations that govern programs for young children and allocate resources to those programs.

Is there a public commitment to making things better for young children?

Judging by the public's actions to date, (allocation of society's resources) the current answer is: "No," or at best "Maybe." Unless we can convince the public that the answer is: "Yes, young children's needs are important," then all other discussion fades into a dialogue among professionals, not likely to yield major social changes.

Fortunately, we have a broad base of data, all of which clearly indicate that resources spent early in a child's development can pay off significantly. It is critical that we use those data to convince funding agents that this investment is a wise and lasting one.

How can we combine our existing resources to help young children develop more effectively?

President Eisenhower once said that we cannot afford to have the nation saved four times over, once each by the Army, Navy, Air Force, and Marines. Similarly, we cannot afford the expense, nor is it prudent, to give every agency devoted to young children, all that is requested. Our current policy problem is not that states lack plans for young children, it is that they have too many—five or six at least. What each state needs is a Comprehensive State Plan for Young Children which will identify common goals, combine available

(see NOTES, page 6)

From policy

AN INCREASING NUMBER of infants and toddlers with disabilities and their families in the U.S. are served by early intervention services (formerly Part H and now called Part C of the Individuals with Disabilities Education Act), but there's room for improvement, according to a study in three states by researchers at the Frank Porter Graham Child Development Center.

A team of researchers is wrapping up a five-year study of the federally mandated and state-implemented early intervention programs for infants and toddlers with disabilities from birth to age 3. Significant findings by the Early Childhood Research Institute on Service Utilization (ECRI-SU) include these:

- Use of early intervention services is high, particularly compared to the utilization rates of other entitlement programs.
- Communities have put together a comprehensive array of resources to meet the diverse needs of children and families. The number of programs used in the nine communities studied ranged from 11 to 66 per site.
- Services are primarily child oriented. Surveys showed that families expect services to focus on their child, but would be open to a broad family focus, if introduced properly and at the right time.
- There is a direct relationship between the nature of the services provided and the quality of program leadership. In communities where the program's leader knows recommended practices, services provided to all children consistently reflect these practices, with the exception of the provision of therapies.
- Therapies most often consist of a more traditional, clinical, and specialized approach than an integrated one.
- Families and service providers often believe that individual (pull-out) therapy is better than therapy integrated into the natural environment.
- Most early intervention programs do not have a system of recording expenditures so that the cost of services can be calculated.

The ECRI-SU research team is headed by Gloria L. Harbin of FPG and Thomas T. Kochanek of Rhode Island College, Providence, RI. Nine communities were selected in Colorado, North Carolina and Pennsylvania for the principal sites. A total of 72 children and their families participated in case studies and a larger sample was followed for two years.

Harbin said, "In examining the implementation of this law, we realized just how monumental the legislation was. It is very far reaching. It asked people to change lots of different things all at one time. If people had been asked to change two or three things, they could've focused on those and perhaps done it quicker or more efficiently. People have made progress in implementing this law, but there has been more progress in some areas than in others."

Some indications of progress are: More children with disabilities are being identified at younger ages, and families report little delay getting into programs once they find them. Many programs expend substantial effort to broaden the array of services and options. In general, families feel that service providers are supportive and responsive to their child's needs. Only 18% of families studied use less than 50% of their scheduled services.

On the other hand, families report that they would use more services if they were offered. Individualized Family Services Plan (IFSP) documents, in their current form, do not appear to be useful to families. In general, mothers expect services to focus on their child. Assessment focuses on child skills, and in general there is no systematic assessment of family needs.

"We started out saying, what services do children and their families get? Then we said, why is it that certain kids and families get what they get? Is it state policies? Is it something about the communities they live in? Or, is it something about the families themselves? We found that it was an interaction. The most positive outcomes occurred when there were certain factors that existed in the system, the service providers, the families, and in the relationship between the service providers and the families. You couldn't just say everything will be OK if you just have three specific things in the service system. It had to be the whole package. We confirmed a lot of what has been theorized about recommended practices, and that's very exciting for our field."

"...when we looked at Pennsylvania's policies we found there was nothing that required programs to look outside of themselves."

For example, progress has been made in the coordination of the system of services. On a 10-point scale assessing the extent

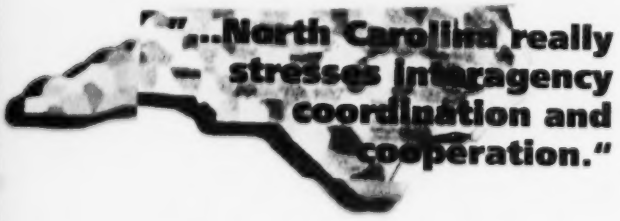
to practice

How three states implemented federal policy for infants with disabilities

of coordination, the mean rating across the communities studied was 7.2. In a previous study by Harbin and her colleagues, participants indicated that the extent of coordination in North Carolina prior to 1986 would likely have been rated at 2.5.

Harbin said, "We found certain links that influence that package: the leadership at the community level and their knowledge of recommended practices, their ability to visualize a comprehensive, coordinated system, and their ability to work and play well with others. This speaks to the importance of early childhood leadership development programs with implications for policymakers. Getting a master's degree will not ensure those three things. The person has to continue to be a lifelong learner."

ECRI-SU looked closely at the relationship between state policies and outcomes. Harbin said, "Of the nine communities studied, three had programs that were really like programs in the 1970s, using a traditional form of early intervention. All three were from the same state. When you look at that state's policies, you see that they included no funding strings, and very privatized programs. Their programs have many fewer positive outcomes for children and families. And a lot of it goes back to state policy."



But since only three states were involved, how about flukes? Harbin said, "Colorado has done a great deal of training, and it turned out that its assessment practices were the best of the three states. Taking another example: Of the three states, North Carolina has placed a lot of emphasis on not only telling people about recommended practices, but the state will not fund programs unless they agree to follow those practices. We found that in North Carolina a lot more children proportionately were served in inclusive settings than in segregated settings. Hardly any children in North Carolina were served in segregated settings, but that is not true in the other two states."

Overall, program administrators report that many therapists lack the knowledge and desire to use an integrative approach to therapies. The study found that some program administrators appear to lack the knowledge necessary to set up an administrative structure for a more transdisciplinary and inclusive learning experience for children and families. In many communities, the resourcefulness of program administrators (obtaining grants, use of Medicaid, "deals,") increased options for services. Also, researchers found that curriculum activities for children most often reflect a focus on the use of test items to guide intervention instead of using a routines-based focus for intervention.

Harbin's researchers found that a significant determinant in outcomes was how comprehensive and how coordinated service systems are. "The more comprehensive and coordinated the service system is the better the outcomes for children and their families. This was an assumption of the law but there had been no data that policymakers had; they just assumed this would be true. Now, we have some data, even if it is only nine communities."

She said that one state—Pennsylvania—had the least coordinated service system of the three states studied and "when we looked at Pennsylvania's policies we found there was nothing that required programs to look outside of themselves. On the other hand, North Carolina really stresses interagency coordination and cooperation. Furthermore, it mandates two interagency structures. North Carolina programs were rated high in terms of outcomes and coordination. Colorado was in-between, encouraging interagency coordination but not mandating it. And in Colorado, those communities that pushed coordination did well, but those that didn't, did less well."

She advises parents, service providers and program administrators to be patient and not give in to frustration. She said that she has learned that it takes a long time to implement policy, particularly something on the scale of IDEA.

"Many people want it to happen sooner. I want it to happen sooner. But there's good reason to go slowly — we don't want casualties while we're trying to get it right and trying to teach people to get it right. Because the causalities would be children and their families. It's very difficult to watch somebody fall through the cracks and not get what they need. That's part of the frustration you find in wanting things to happen more quickly. But the reality is that we really do need to set realistic expectations." e

continued from page 3

resources, and make clear what is needed for the future.

This is no small task. It will require the best thinking of many different professional disciplines and many different policy makers. The variety of laws passed at the state and federal level for different subsets of children, at different times, and for different purposes, each have their own rules and regulations that do not easily allow for collaboration. Yet, collaborative planning is a top priority if we are to achieve some practical outcome of all this current interest.

How do we build an infrastructure for quality services for young children?

Over the years service areas such as health, education and social services have learned what an infrastructure for quality consists of, and have created some isolated elements in such a structure. Let's review these components.

Materials Development
We clearly need to continue to develop materials and procedures that enhance the quality of child care, whether that care is in child care centers, family day care, or at home.

Personnel preparation
There is close to universal agreement that top quality early childhood personnel is a key to quality programs. But there are two enormous barriers to making this a reality. First, salary levels do not match our expectations of personnel. Second, we do not consistently integrate our major personnel preparation entities, such as community colleges or higher education institutions, to improve practices at the service delivery level.

Demonstration
High quality programs for young children are needed to demonstrate how effective practice can be made practical. Once effective practice can be seen in action it is easier to upgrade service delivery.

Research
We need to add to the knowledge base on child development and effective programs, including research on the developing brain and the various interventions that pay off in tangible benefits to the children and their families. This requires both basic and applied research.

Dissemination
A central communications network is needed to allow service centers for young children to communicate with one another and with professionals so that ideas can be exchanged, new methods passed along, and more effective dissemination of research-to-practice information. Currently, programs are isolated, and there are few provisions at the state level to create any kind of an intrastate or interstate network.

Financial
To determine what money is allocated, we need a mechanism to track money spent in early childhood from the level of the governor's office. North Carolina once had a Children's Budget that showed where all the money on children was being spent. Some similar device that fits the needs of individual states would seem to be required.

We also need to know what costs await us if we follow certain initiatives. Many proposals for helping young children have been generated by emotion. Good intentions need to be backed with fiscal responsibility so that the public has confidence that the plan being followed ties emotional intentions to the financial commitment made to children and families.

Accountability—Report Card on Young Children
If a state and its elected leaders commit to a comprehensive plan, there should be equal commitment to accountability. The people who pay the bills need a clear statement of how we are doing. On the report card, we should publish the number of children being served through various programs and services, the number of children entering kindergarten each year who can demonstrate that they are ready and able to learn, the number of children raised in poverty, the infant mortality rate, and so on. In short, the report card should tell what the public is getting for its investment.

Such a collaborative effort will create varying degrees of professional discomfort. Some disciplines and organizations will be forced out of their accustomed roles and routines. No one said that change and improvement would be easy, but for perhaps the first time, we will be able to say that we have the interest of the general public on our side. There is much to be gained for young children if we put our minds and hands to the task.

In another time, Benjamin Franklin remarked, "Gentlemen, we must all hang together or assuredly we will all hang separately." Fortunately, those of us who toil in early childhood programs do not face that violent result, but our hopes and dreams for services for young children are at similar risk if we do not collaborate across agencies and disciplines.

Recent publications
by researchers at the Frank Porter Graham Child Development Center

Welfare Reform and You
R.M. Clifford. (1997). *Young Children, 52*(2), 2–3.

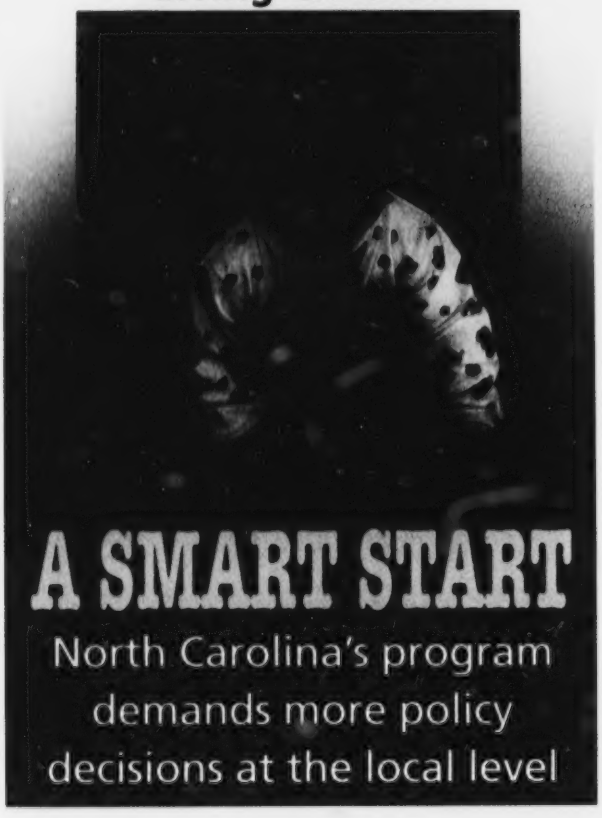
Partnerships with Families
R.M. Clifford. (1997). *Young Children, 52*(3), 2.

Partnerships with Our Colleagues
R.M. Clifford. (1997). *Young Children, 52*(4), 2.

Partnerships with Other Professionals
R.M. Clifford. (1997). *Young Children, 52*(5), 2.

Commentary: Personal Dimensions of Leadership
R.M. Clifford. (1997). In S.L. Kagan & B.T. Bowman (Eds.), *Leadership in early care and education* (pp. 103–104). Washington, DC: National Association for the Education of Young Children.

Giving Children



A SMART START

North Carolina's program demands more policy decisions at the local level

ALTHOUGH NORTH CAROLINA'S SMART START PROGRAM is only four years old, it has been cited by early childhood professionals as one of the most comprehensive public-private initiatives in the nation to help children enter school healthy and ready to learn.

Many of the building blocks of Smart Start grew out of research done at the Frank Porter Graham Center. FPG's current role is to conduct the statewide evaluation of the Smart Start program. The evaluation includes both performance and outcome measures. For example, this spring, FPG investigator Donna Bryant announced at a press conference that this year's evaluation showed that child care has improved in the counties where the program first began. Evaluators visited 187 centers and interviewed child care directors as they examined a variety of childcare indicators. They found that 11% more child care centers scored in the good-to-excellent range on a measure of environmental quality compared to 2 years earlier.

"Our results show that child care quality was better in 1996 than in 1994 and that the level of quality was related to Smart Start efforts," she said. "The fact that we have seen changes of this magnitude in the formative years of Smart Start when programs were just getting off the ground is really quite positive."

Smart Start is not just one program; it's many. Local Smart Start partnerships of parents, educators, child care providers, nonprofits, churches and business people decide how to improve (or provide, in some cases) local child care, health care, and family services to children under the age of six. Thus, one community may allocate additional money toward solving transportation problems; another community may beef up child health screenings; and yet another may further the education of child care providers. All communities conduct multiple programs.

According to the NC Partnership for Children, which is the lead state agency, during Smart Start's first three years:

- More than 154,000 children received higher quality early education and care statewide.
- More than 34,000 children received childcare subsidies so their parents could work.
- More than 72,000 children received early intervention and preventive health screens.

Smart Start began as a pilot in 18 of North Carolina's 100 counties. Later, 37 counties were added, and this year the state allocated enough money to expand the program to all 100 counties.

FPG evaluates the overall Smart Start program, but local partnerships perform their own evaluations and this, according to Bryant, is a lesson for other states. "At the local level, many counties simply don't have the capacity to conduct an evaluation in the same way as institutions like FPG. It's not an unreasonable request to ask for accountability, but it's very difficult to conduct good evaluations," she said.

As a result, Bryant's Smart Start team this year formed an evaluation assistance team to help local groups design and carry out evalua-

(see SMART START, page 11)

Challenge or Boredom? Gifted Students' Views on Their Schooling.
J. Gallagher, M.R. Coleman, C.C. Harradine. (1997). *Roeper Review, 19*(3), 132–136.

The Role of Policy in Special Education
J. Gallagher. (1997). In James L. Paul, et al. (Eds.), *Special education practice: Applying the knowledge, affirming the values, and creating the future* (pp. 26–42). Pacific Grove, CA: Brooks/Cole Publishing Co.

Translating Knowledge into Action
J. Gallagher. (1997). In James L. Paul et al (Eds.), *Special education practice: Applying the knowledge, affirming the values, and creating the future* (pp. 227–240). Pacific Grove, CA: Brooks/Cole Publishing Co.

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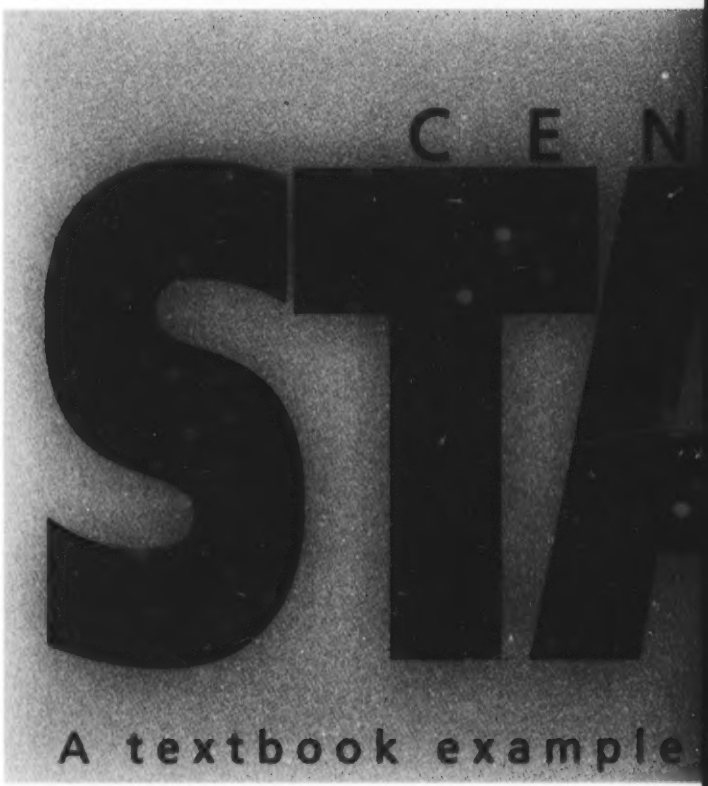


"IT IS REMARKABLE. I still shake my head at what's been accomplished in a very short time. From my perspective, this process and this policy permits local districts to do what is right on behalf of gifted children in their schools." That's the opinion of Mary Ruth Coleman, an investigator with the Frank Porter Graham Center who helped give birth to North Carolina's new statewide gifted initiative.

From a brand-new project scrambling to get on its feet four years ago, the Statewide Technical Assistance Gifted Education (STAGE) project completed a planning model for local school districts, developed a system level plan for service delivery, trained a statewide leadership core, designed a self-assessment program for school districts, designed and implemented a certification program for teachers of gifted children, and this year saw its results and recommendations go statewide into all 100 counties in North Carolina.

"It's been fascinating. And it's been exhausting," said Coleman, who has averaged driving 50,000 miles a year for the past three years.

The movement of STAGE from an idea bounced around by members of a task force in 1993 to full-blown state policy four years later is an example of how a state education policy can be based on the best available data, developed quickly, and implemented with a minimum of fuss.

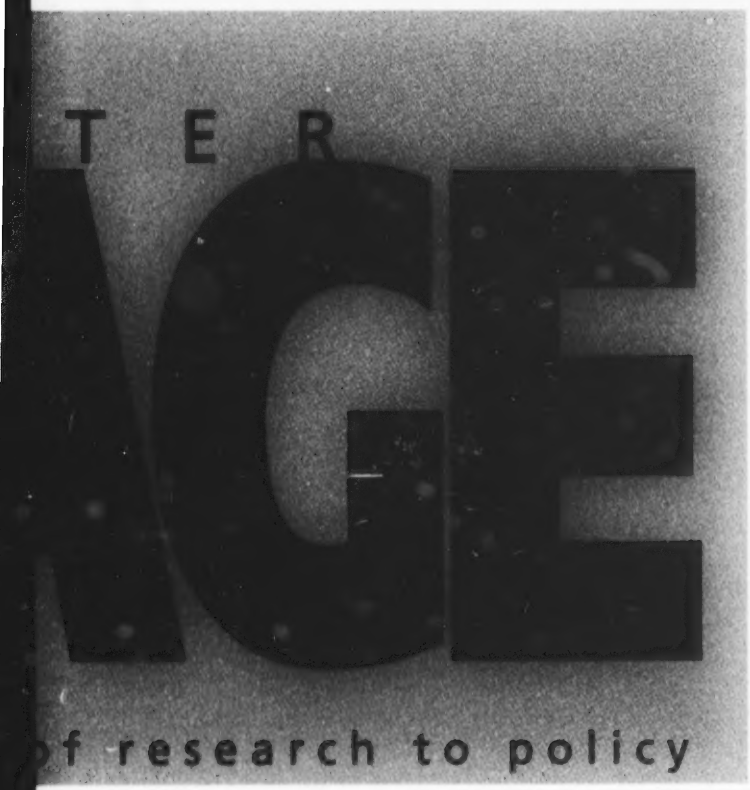
In 1993, the North Carolina legislature established a task force to consider a statewide policy on education for gifted children. Two of those appointed to the task force were Coleman and Jim Gallagher, another FPG investigator. Both are nationally known researchers on policy in general and gifted education policy in particular. Thus, the task force had quick and easy access to distillations of work by Gallagher and Coleman during their national policy studies in the early 1990s. "We culled the 50 states for the best in gifted education ideas," said Coleman.

"The overwhelming response has been a willingness to develop a plan for gifted students that also benefits all sudents in the district."

The task force recommendations included the following: creating a local planning model so that each district would have to develop its own plan for gifted students, changing state funding for gifted education, setting up a mechanism for technical assistance for the school districts, and changing the definition of gifted by using multiple criteria.

In 1994, these recommendations went to the state school board, which asked, will these work? Coleman said, "We told them we weren't sure. And the state said, what will it take to find out? And we said, time, a little seed money, people to play with, and permission to make changes. And they granted all of that."

In 1995, STAGE asked for proposals from school districts who wanted to help develop a model and who would put $10,000 on the table. The state Department of Public Instruction kicked in some money, expecting perhaps a half dozen proposals. Twenty-four proposals came in, and STAGE took on nine districts. "At that point, we began to take the policy from theory to implementation. Basically, we had six months to work with those nine districts," said Coleman. STAGE developed a model of what a comprehensive local plan should look like and began working on documentation for the state about what would happen if these new ideas went into effect statewide.



In 1996, an additional six school districts enrolled and said, we also want help setting up a model regardless of what the state eventually decides.

A year later, in the summer of 1997, legislation was passed in North Carolina that establishes a timetable for all 120 school districts to create gifted education programs. "The legislation was quite specific and the language was almost identical to that we had written for the model sites. It sent us almost into an absolute panic. We went from 15 districts to 120 districts required to do the same thing," said Coleman.

She and Gallagher had been doing most of the legwork themselves, so they decided to create a leadership core across the state. The state gave additional money and the STAGE team put together a cadre of 25 people to act as planning facilitators for school districts.

Coleman described the entire process as remarkable, citing in particular the fact that collaboration was built into the policy changes from the very beginning. It was a joint effort with collaboration at many levels—the district, the Department of Public Instruction, higher education, regular education, the state legislature, parents, and advocacy groups. "When we talk about this in other states, they are just aghast that all these people are on the same page at the same time ready to move things forward," Coleman said.

Although it's been a very fast time line with a fair amount of pressure on the districts to make these things happen, there has been very little rancor. The districts have stepped up in good faith. Coleman said that with a deadline to have plans ready by the spring of '98, more than two thirds of the districts are well underway. Only a very small number of districts are resisting things. For example, in helping districts begin the process, STAGE held regional conferences and of the state's 120 districts, only 8 did not participate in one of the conferences.

"The overwhelming response has been a willingness to develop a plan for gifted students that also benefits all students in the district," she said. "The plan is seen as a way to raise the expectations and thresholds for students across the board. Plus, the new identification protocol for gifted takes into account children from culturally diverse families, children from economically disadvantaged families, and children with disabilities."

She said, "Another remarkable thing is that we've actually been able to unfold the program with ongoing evaluation and feedback. As we've gone along, we've been continually pushing the envelope but doing it based on feedback and evaluation," said Coleman.

In fact, four school districts were so taken with the plan that they are using it to realign their entire school curriculum from kindergarten through high school.

She said that so far the only missing piece is legislation that attends to funding. "Currently in North Carolina, if a child has a disability, a school district can draw down $2100 in additional funds to meet their needs; but, if a child is gifted, the district can draw down only $720. That's quite out of balance in terms of additional resources needed to educate an exceptional child."

Coleman cited a number of factors that she said contributed to the smooth adoption of STAGE's recommendations. The major one is that there has been traditionally strong leadership in gifted education across the state, not just in the Department of Public Instruction. "Jim Gallagher has provided outstanding leadership for years," she said. "Ann Harrison, lead author on the programs for gifted students has been a major player across the state. Judy Howard has been an outstanding leader, is president of the State Association for the Gifted, and was one of the Gallagher's doctoral students. Linda Robinson came to STAGE from Virginia State and worked as the legislative liaison for the state gifted association. Linda Weiss-Morris, executive director of the state advocacy organization, has

(see STAGE, page 10)

STAGE
cont'd from page 9

been a colleague and contributor. Sylvia Lewis was head of the state's Department of Public Instruction when STAGE was getting organized. "She was a visionary and her influence was critical," Coleman said. "She really pushed for model sites. She left and Rebecca Garland came on board and her first meeting was with STAGE and the nine model sites. Garland has been a godsend and pragmatic and unflappable."

With a leadership core trained and school districts well underway with their plans, STAGE is about to put itself out of business. However, members of the STAGE team are already planning follow-up studies, especially in the areas of gifted children from culturally diverse and from economically disadvantaged families and children with disabilities.

Despite her quickly aging car, Coleman said she is pleased with the entire process. She even told a joke: "After eight month or so of working frantically with us, a person from one of those first nine models said to me, we paid $10,000 to get involved with you. If we give you $20,000, can we get out?"

STAGE DEFINES GIFTEDNESS as the manifestation of ability to learn well beyond the expected level of one's age mates. Indicators are student achievement, observable student behaviors, interest, motivation to learn, aptitude, and performance.

Within any indicator, a single criterion may reveal a need for services. However, no single criterion can eliminate a student from consideration. Information from any and all indicators may be used in matching students with appropriate service options.

STAGE's team drew on Donald Treffinger 's book *New Directions in Gifted Education* to define these levels of need for differentiation in programming for local school districts:

- **Services for all**
  Services in the regular program should be designed to motivate and stretch all learners to reach their maximum potential and to provide a challenging curriculum that develops the abilities, skills, and talents of all students.
- **Services for many**
  Many students occasionally need differentiation. They may show giftedness only in one area through certain talents and/or certain abilities. Underachieving gifted students and "overachievers" may be in this category. Gifted students from culturally diverse families, economically disadvantaged homes, and gifted students with disabilities may also need the differentiation provided at this level.
- **Services for some**
  Some students show outstanding ability in a number of academic areas and need a strong differentiated program that provides challenging opportunities where they can pursue curriculum in more depth and at a faster pace.
- **Services for few**
  A few students need a highly differentiated program that might involve radical acceleration of content and grade. For students capable of working three or more years beyond their grade placements, services must be designed with transitions across grade levels.

Based on these differentiations, STAGE suggests a whole array of service delivery options for each level of school (elementary, middle, and high).

For example, under "services for some" in the elementary school grid, the learning environment might include cross-age grouping, part-time special class, and resource class; content modification might include tiered assignments, contracts, and independent study; talent development might include advanced enrichment clusters and mentor programs; special programs might include Saturday classes, fine arts activities, and Battle of the Books; and instructional strategies might include problem-based learning, group investigation, and seminar teaching.

more...Recent FPG publications

Playmate Preferences and Perceptions of Individual Differences among Typically Developing Preschoolers
V. Buysse, L. Nabors, D. Skinners, & L. Keyes. (1997). *Early Child Development and Care, 131*, 1–18.

Assessing the Communication of African American One-Year-Olds Using the Communication and Symbolic Behavior Scales
J. E. Roberts, L.P. Medley, J.L. Swartzfager, & E.C. Neebe. (1997). *American Journal of Speech-Language Pathology, 6*(2), 59–65.

Community-Based Approaches to Personnel Preparation
P. Wesley & V. Buysse. (1997). In P. Winton, J. McCollum, & C. Catlett (Eds.), *Reforming personnel preparation in early childhood intervention: Issues, models, and practical strategies* (pp. 53–80). Baltimore: Paul H. Brookes.

Smart Start findings

Here are some results announced this year of an evaluation of North Carolina's Smart Start program in the 18 counties where the program began:

- In 1994, only 14% of child care centers were rated as "good" on a measure of environmental quality. By 1996, 25% were rated "good."
- In 1996, the research team found a significant jump in the number of child care centers (among the 91 visited in both '94 and '96 evaluations) that received a higher "AA" licensing level of the state.
- Almost a fourth of the families interviewed in 1996 said they needed parent education programs.
- In 1996, while most children were fully immunized by kindergarten as required by law, only 53% of kindergartners had been immunized on time.
- In 1996, kindergartners who had attended child care had better language, social, and thinking skills than those who did not.
- From 1994 to 1996, scores for quality care in child care centers rose as a group from 4.25 to 4.51 on a 7 point scale. Experts consider scores of 5 or higher to be good.

continued from page 7

tions. "We won't do the evaluations for them, but we'll help set them up. It would be a good start for some counties if they could just get an accurate count of who they're serving. But people really want outcomes. Are their children doing better? Are parents relating more to their children? These are hard outcomes to measure. And because each county sets up Smart Start differently, the precise evaluation is left up to the county," said Bryant.

Bryant said a new component of the technical assistance provided by her team is an Internet web site for Smart Start participants to swap ideas and get questions answered. "One partnership, for example, may ask us for guidance on evaluating the three different kinds of home visiting programs they're funding. We can put our answer on the web and other counties can access that. We call it our evaluation roundtable."

At the national level, Bryant said, it's not unusual to spend 10-20% of the budget of a new intervention or a new project on evaluation. "For example, if the federal government put $20 million into a new pilot program, it would be within the realm of credibility to have a $2 million evaluation program. We're doing an evaluation for about 1 percent of the overall Smart Start budget. We're a bargain. We're a blue light special," she said, laughing.

"Good" research is possible even through such studies as the Smart Start evaluation, according to Bryant. "The real world doesn't afford the same opportunities for control as clinical trials. You have to find ways to satisfy your needs for an adequate comparison group or a reasonable baseline measure. You can still do good research; it's just different."

> "I think there is a significant role for state government in establishing quality standards."

Although she's pleased with how Smart Start directs local communities to play a much larger role in child care policy, Bryant said she has a lingering concern about the role of the state vis a vis quality care. "I think there is a significant role for state government in establishing quality standards."

As for working near the often volatile timbers of politics, Bryant said she doesn't shy away from stating her opinion as long as she has the data. "The researcher has an obligation to share data, even if that means supporting a new program or saying, the research doesn't show changes as a result of a program. Program dollars should be redirected to where they'll have the most effect."

Planning for Success: A Teacher's Guide to a New Planning Guide to the Preschool Curriculum
B. Hardin, L. Lohr, & Pat Wesley. (1997). Lewisville, NC: Kaplan Corp.

The New Planning Guide Teacher Posters
P. Wesley, & M. Mathers. (1997). Lewisville, NC: Kaplan Corp.

Relations Between Child-Care Experiences and Children's Concurrent Development: The Cost, Quality, and Outcomes Study
E.S. Peisner-Feinberg, & M.R. Burchinal (1997). *Merrill-Palmer Quarterly, 43*, 451–477.

Doors of perception

"We are great proponents of keeping the folks who are on the front lines at the table from the beginning to the end."

That's one reaction from a North Carolina state administrator and policy maker after her first few months as a member of a Constituents Advisory Board to the National Center for Early Development & Learning.

While research centers sometimes have advisory boards of citizens and constituents, NCEDL is trying to get the opinions and advice of constituents from the word go. Even as investigators design their projects, input is sought from practitioners, teachers, parents, policymakers, administrators, consumer advocacy groups, and professional organizations.

The advisor quoted above is Kathy Shepherd, a program coordinator and a policy administrator in the Division of Child Development of the North Carolina Department of Human Resources. As a program coordinator, she works in early childhood professional development, and as a member of the division's policy unit, she helps write early childhood and early childcare policy.

Shepherd is used to working in a collaborative setting. For example, she and other administrators worked closely for months pulling together North Carolina's original Smart Start program. She has worked in focus groups and with researchers before, but has never joined the workstream at such an early stage. "It's working out well. It makes perfect sense," she said. "We may not understand the methodology or all the terms, but it's given me a better understanding of research. And it's a two-way street. I think the researchers are learning from us about what the field needs in terms of information and how to share that information in effective ways."

Pam Winton, who directs the Research to Practice Strand of NCEDL and who set up this particular advisory board, said the goals of constituent involvement are to:

- ensure that project activities reflect the needs and priorities of the groups who ultimately might use the information generated by the center's research;
- enhance the contextual validity of the center's efforts;
- create a shared sense of ownership and support of the center's work; and
- provide guidance for mechanisms by which information can be disseminated to inform practice and policy.

This board has nine members, including a teacher, a mother, a father, three state administrators, a day care administrator, and two day care consultants. Each NCEDL strand sets up its own advisory board, or in some cases, boards. This one organized by Winton acts not only as an overall advisory body to NCEDL, but also to the Research-to-Practice strand. The board has divided itself into several smaller groups to focus on such responsibilities as providing input on the context and format of policy briefs, developing guidelines for increasing constituent participation in NCEDL activities, and designing components of upcoming national surveys.

As more programs are established for early childhood and early child care, there is an increasing need for not only policy evaluation, but also for accurate ways to assess programs, and this is where constituent advisors can shine. Shepherd said, "We're outcomes oriented. We want to know if we're really making a difference. Program people tend to be more subjective than objective, and we need the researchers to keep us on track. So that we have actual evidence and proof of something when we say it." She said, "We welcome research. Research is the basis of everything if we are ever going to make a difference."

Constituent feedback allows researchers to get a feel for how practical and relevent their research can be.

For example, North Carolina state government this year created a new licensing system designed to make it easier for parents to rate child-care centers. The system took into account research that shows well-trained staff make a difference; therefore, the new license emphasizes training.

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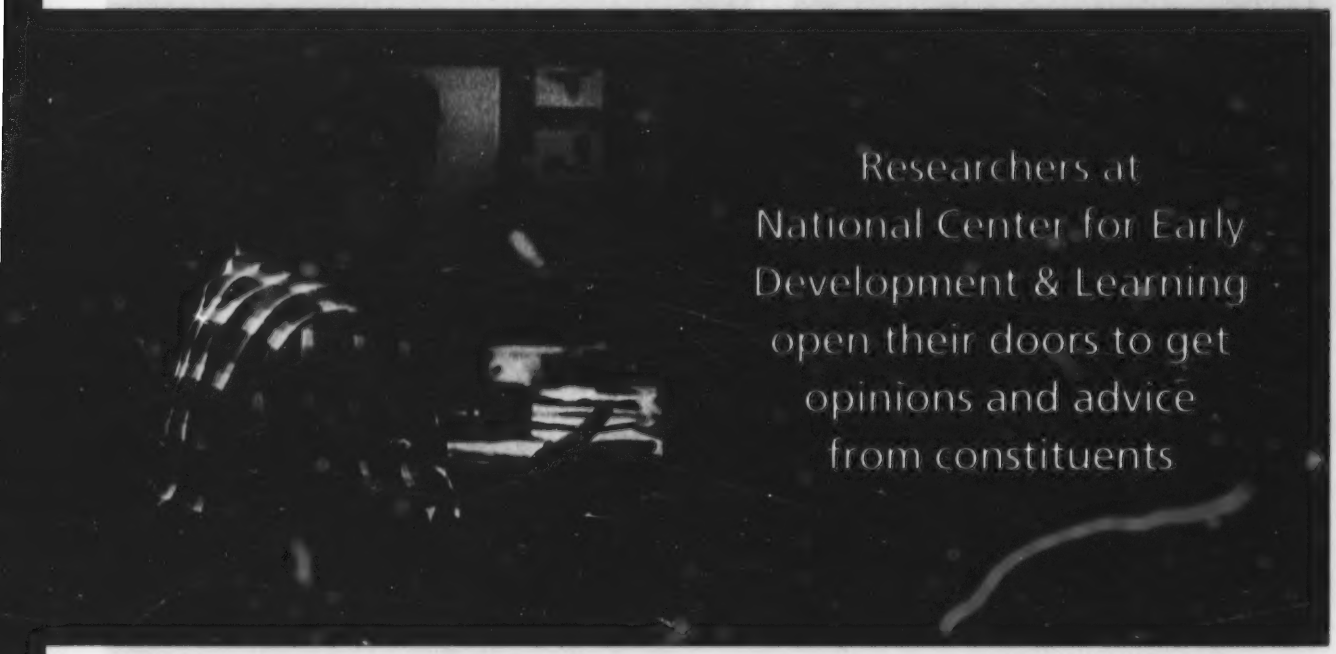

Researchers at National Center for Early Development & Learning open their doors to get opinions and advice from constituents

Sue Fleming-Hansen is another NCEDL advisory board member. She is executive director of Child Care Resource & Referral of Wake (NC) County, a private, non-profit United Way agency. It is her first time to work in an advisory capacity with a research group. She said, "It really helps someone out there in the field to see the process that research goes through to reach the outcomes they do."

Fleming-Hansen said she sees an increasing need for quality child care services and that is why collaboration between groups such as hers and research centers such as NCEDL is of great importance. "I would absolutely recommend this type of advisory board to other research groups. Research is a long, difficult process, and it's nice for researchers to know that what they do is appreciated by those working in the field," she said.

She feels the ideas and suggestions from the advisory board are being taken seriously by NCEDL. In fact, Winton, who said she is pleased at the energy, the level of sophistication and the seriousness

(see DOORS, page 15)

Recognizing dedication

Two strand directors for the National Center for Early Development and Learning have recently been honored for their contributions to children and families.

◄ Jim Gallagher, who directs the Policy Studies strand, has been named the 1997 recipient of the Distinguished Service Award given by the World Council for Gifted and Talented Children at the University of Iowa, Iowa City, Iowa.

Gallagher, former director of the Frank Porter Graham Child Development Center, is receiving the award for his "distinguished service to the organization and to the needs of the gifted and talented children of the world for more than a decade."

Pam Winton, who directs the Research-to-Practice strand of NCEDL, has received the 1997 Distinguished Services Award from The Arc of Durham (NC) County for her "outstanding contributions to impact rights and services of persons with developmental disabilities." ►

Briefly speaking

Policy briefs synthesize research and policy issues

Too often, policy makers, administrators, agency personnel, and practitioners must make decisions about practices without knowing the full range of research or policy issues. Timely reviews may not be available or easily accessed and traditional literature reviews are often long and written in academic prose. This results in few articles being read by practitioners or policy makers.

Recognizing the need for a shorter, clearer synthesis of research, the National Center for Early Development & Learning (NCEDL) has set in motion a series of *Early Childhood Research and Policy Briefs*. "Much of the information that decision makers read is from organizations with a focus on a particular age group, population, or type of service, or advocacy groups with particular philosophical orientations," says Don Bailey, director of NCEDL. "We feel an important role of a national center is the objective synthesis of research information and policy issues around topics of national importance, and the dissemination of those findings in an easily readable and accessible format."

NCEDL is publishing a policy brief each quarter. The first is "Quality in Child Care Centers" with John Love of Mathematica Inc. as the primary author. Love is also an NCEDL research partner. The four-page brief summarizes current quality care studies, recommends specific areas of needed research, and makes policy recommendations. A one-page "fact sheet" complements the brief for even quicker reading and easy dissemination.

Bailey said topics for the briefs are issues of national importance for which "we already have sufficient data or which are based on work recently done by national center investigators or affiliates, such as our research partners." The briefs are not advocacy documents, but rather are intended to be balanced descriptions of issues, what is known about them, and recommendations for both policy and research.

For example, the quality care brief makes these recommendations for policy changes:

- Strengthen standards and regulations for child care programs.
- Require initial and ongoing training for staff working in child care programs.
- Find ways to recruit and retain more highly educated and skilled staff.
- Continue efforts to inform parents about the importance of quality child care and its effects on children.
- Identify ways to support the costs of high quality child care

The second policy brief is being written by Dick Clifford of the Frank Porter Graham Center and Gwen Morgan of Wheelock College. Clifford is also associate director of NCEDL. The brief is focusing on state regulation of child care, a hot topic in many states this year.

Upcoming topics include infant/toddler childcare practices and kindergarten transitions. Some briefs will be linked to NCEDL synthesis conferences and to the release of new NCEDL national survey data.

Each brief goes through a lengthy and careful review process to ensure an accurate synthesis of what is known about a topic and a balanced rendering of the issues. Drafts of each brief are reviewed by all NCEDL investigators, research partners, the Constituent Advisory Board, and staff of the Early Childhood Institute and the Office of Educational Research and Improvement (U.S. Department of Education).

Briefs are printed by the Early Childhood Institute and dissemination is by the institute and through NCEDL's own distribution system. Briefs are also posted on the NCEDL web site, which is <www.fpg.unc.edu/ncedl/ncedl.html>.

Early Childhood Research & Policy Briefs

Briefs

Quality in Child Care Centers

What Are the Issues?

Quality in Child Care Centers

A one-page *Fact Sheet* complements the *Quality Care Brief* providing key points for even quicker reading and easy dissemination

DOORS

continued from page 13

her board shows, routinely informs the group, in writing, about what has become of their ideas and if they are being used.

A constituent advisory board is also an opportunity to let researchers know they haven't missed some fine point in setting up their research. More importantly, having constituent feedback allows researchers to get a feel for how practical and relevant their research can be. As Fleming-Hansen said, "We've been there; we've done that. We know the kind of information that we need to be effective in making changes."

There has been another positive link established. Winton and NCEDL researcher Dick Clifford have been named board members of the NC Institute for Early Childhood Professional Development, an advisory body to the state. Shepherd said, "It became clear to us in the Division of Child Development that your center and your researchers are links that we want to maintain."

It is important that those links go both ways. Membership on state and local advisory boards provide researchers with yet another way to ground research in the everyday world of childcare practice.

There is growing interest across the country in learning more about constituent participation in the research process. An intensive half-day session on participatory action research has been planned for the Annual Division of Early Childhood Conference this fall in New Orleans by NCEDL research partner Ann Turnbull and Winton in conjunction with Pat Snyder, DEC Research Committee chair.

A constituent advisory board is also an opportunity to let researchers know they haven't missed some fine point in setting up their research.

This session includes researcher-constituent teams from around the country who have formed collaborative research partnerships in different contexts. Strategies and information about the costs and benefits of constituent participation in research are on the agenda. Panelists include Don Bailey, NCEDL director, and Naomi Karp, director of the U. S. Department of Education Early Childhood Institute.

FPG WEBSITES

The online version of this issue of *Early Developments* contains a list of selected child care policy publications by staff at the Frank Porter Graham Center. The FPG home page is located at **<www.fpg.unc.edu>**.

In addition, four projects now have their own web sites, which may be of interest to early childhood policy makers, practitioners, parents, teachers, and administrators.

NCEDL
<www.fpg.unc.edu/NCEDL/NCEDL.htm>
This is the home page of the National Center for Early Development & Learning.

NEC*TAS
<www.nectas.unc.edu/>
The National Early Childhood Technical Assistance System works with the U.S. Department of Education to help states, territories, and communities implement programs and develop services for young children with disabilities and their families.

ECRI-SU
<www.unc.edu/depts/ecri/>
An article about the Early Childhood Research Institute on Service Utilization begins on page 4.

ECRII
<www.inform.umd.edu/EDUC/.WWW/Depts/ecrii>
The Early Childhood Research Institute on Inclusion is a five-year project to study comprehensively the inclusion of preschool children with disabilities in settings with typically developing children.

Research spotlight

Recent findings at FPG

Developmental growth curves of preschool children with vision impairments

Deborah Hatton, Don Bailey, Margaret Burchinal, & Kay Alicyn Ferrell.

Child Development, 64(5),788–806.

This study examined the extent to which etiology, amount of vision, and co-occurring disabilities affect the developments of young children with visual impairments. Growth curve analysis was based on 566 assessments with the Battelle Developmental Inventory (BDI) to describe the development of 186 children, ages 12–73 months, with vision impairments.

Developmental patterns varied markedly among the children, with part of that variability related to co-occurring disabilities and amount of functional vision. Children with co-occurring disabilities—in this case, mental retardation or developmental delay (MR/DD)—had lower developmental age scores and slower rates of growth for overall development and in all domains—personal-social, adaptive, motor, communication, cognitive.

Visual function of 20/800 or worse was associated with significantly lower developmental ages across time on all domains measured by the BDI and with slower rates of growth in the personal-social and motor domains. The distinct divergence of developmental trajectories of children whose visual function was 20/500 or better from those of children with 20/800 or worse suggests that the level of visual function that inhibits typical development, as measured by the BDI, is in the 20/500 to 20/800 range. Amount of functional vision and MR/DD did not interact, indicating that these 2 factors had additive, not multiplicative, effects on development during early childhood.

This article represents a compreshensive study of early development of children with vision impairment and is the first to identify the level of vision impairment that really begins to affect children's development. The study provides important baseline data against which future intervention efforts can be more appropriately evaluated.

Early Developments
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